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The Public Health Nurse

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State Laws

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The PUBLIC HEALTH NURSE

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MEETINGS

Within a month a large proportion of us who read this will be on the way to the Biennial Convention in Milwaukee. Meetings and more meetings! Hot meetings, cold meetings, inspiring meetings, boring meetings, large, small and medium sized meetings! The N.O.P.H.N. Program Committee has worked hard to provide us with the kind of mental banquet the country at large is hungry for. The fare may be too starchy for some, too salty for others, too—dare we suggest it?—rich for a few to assimilate, yet we are all going to go and choose the diet which seems most palatable. That there is a technique in program preparing is obvious; it is equally obvious that delivering a speech requires a certain ability to handle the English language trenchantly in the face of hundreds. That there is also a technique in attending meetings, is frequently forgotten, however, in the greedy rush of our mental hunger.

For the quiet enjoyment of our feast, the Program Committee has arranged to have the doors closed during speeches and only one door opened to allow late comers to enter between speeches. The enjoyment and profit of all will also be greatly increased if we remember a few time-tested rules of meeting technique—good table manners as it were!

Study the program carefully and decide which meeting you are going to attend. Plan to stay through the meeting even though it does not prove to be all you expected. Nothing is gained by rushing out in the middle of one meet-

ing and plunging into the middle of another.

Get to the meeting place early, take a seat well forward, and get settled comfortably and permanently. Front seats are usually cooler—either because the speaker's table has electric fans or because the ice in the water pitcher lends an illusion of coolness! You can see and hear better in front and the waves of commotion at the exits do not drown your pet vital statistic just as you are about to catch it for your note book.

When the round table meetings are opened for discussion and questions, it means *general* discussion, not an invitation to start a little round table of your own with the people in your row. What you have to say may not seem very important to you, but if you have a point, a real point, or an experience which bears on the point under discussion—share it! We're all tired of hearing only from the "highlights"—and anyway all the highlights were low lights once and gained luminosity through—yes, largely through—public speaking.

And finally, remember you are not the only one to be disturbed if the acoustics are poor, if the speaker has a cold or a fade-out voice, or if the room is tropical. All your neighbors are aware of it too, and do not need you to whisper it to them; indeed, talking about it only makes it worse, besides upsetting those who are trying to concentrate on the speech. A valuable Biennial slogan might be—"Be a good neighbor."



State Laws on Public Health Nursing

BY JAMES A. TOBEY, LL.B., DR.P.H.

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SINCE the publication in 1923 of the first comprehensive review of state legislation on public health nursing,* twenty-five new laws or amendments have been passed in as many states. About half of these were listed and discussed in a supplementary article in 1926,** but since that time there have been not only additional laws but also many changes in the references to the codes where all of the laws may be found. It is desirable, therefore, to bring up to date all of this interesting and significant information so that it will be available in a single compilation of value to members of the profession and to other sanitarians and officials concerned with this important subject.

Thirty-nine states had laws in 1930 which referred specifically to some phase of public health nursing, whereas only 33 states had such laws in 1923. Legislation on this aspect of public health is still incomplete in many parts of the country, though it should be remembered that general health laws are often directly applicable to public health nursing in the absence of statutes specifically on that topic.

In the following pages are presented practical abstracts of all known state laws now in force which refer expressly to public health or visiting nursing, together with proper citations to each. No regulations promulgated by state boards, or laws dealing with general nursing, such as those setting forth qualifications for all nurses, or referring to the duties and activities of

bedside and institutional nurses, are included.

An attempt has been made in this compilation to present the salient features of the various laws. Abstracts only are given, however, and persons interested in these laws, or having occasion to use them, should consult the statutes in their entirety, as printed in the codes, compiled statutes, or session laws of the states, which are obtainable in the law libraries at state capitals and elsewhere. Pamphlet reprints of these laws as issued by state boards and departments are not always accurate, and the original is the most authentic source.

Practical information on the drafting, enforcement, and the theory and application of public health laws and special phases of them will be found elsewhere.†

ALABAMA

Code of 1928, Section 1055

In Alabama full time county health officers have complete charge of public health work under the direction of the state health officer and the county board of health. This law states that "he . . . shall employ such number of physicians, nurses, clerks, inspectors, and other employes as are found necessary to accomplish the work." He may also remove such employes from office.

ARKANSAS

Digest of Statutes, 1919, Section 9625

This law provides for a school for nurses at the State Tuberculosis Sanatorium.

CALIFORNIA

1929 Supplement to the Code, Section 3062;
Same, Section 4225b

The first of these sections permits cities and towns, and the second permits counties,

* A Review of State Laws on Public Health Nursing. By James A. Tobey. PUBLIC HEALTH NURSE, April, 1923.

** Recent State Legislation on Public Health Nursing. By James A. Tobey. PUBLIC HEALTH NURSE, March, 1926. Also State Laws for Public Health Nursing Committees in Counties. PUBLIC HEALTH NURSE, July, 1927.

† See Public Health Law, by James A. Tobey, Williams & Wilkins, Baltimore, 1926; and, A Manual of Tuberculosis Legislation, by James A. Tobey, Nat'l Tuberculosis Assn., New York, 1928.

by their respective governing bodies, to employ public health nurses possessing qualifications prescribed by the State department of public health. The public health nurse shall attend to such matters pertaining to health and sanitary conditions to which she may be assigned by the board of supervisors.

1929 Supplement to the Code, Section 1618a

This law permits city and county school authorities to appoint physical inspectors "to consist of a physician, teacher, nurse, oculist, or dentist, or any one or more of said persons." If a nurse is appointed she must have a certificate of registration issued by the State health department and a health and development certificate. Duties of these inspectors are set forth in the act.

CONNECTICUT

*Revised Statutes of 1918, Chapter 49,
Section 914*

Whenever the board of school visitors, board of education or district committee of any town or the board of education or district committee of any school district, shall have appointed a school physician, said board or committee may also appoint a matron or nurse who shall take such action, under the direction of the school physician, as may be necessary for safeguarding the health of pupils and teachers of the schools. Such matrons or nurses shall also act under the direction of the school physician as a visiting nurse in the town or school district, shall visit the homes of the pupils in the public schools and shall assist in executing the orders of the school physician.

*Laws of 1921, Chapter 30, Section 3056, as
amended by Laws of 1923, Chapter 284*

This law permits towns, cities or boroughs to enact laws or ordinances providing for the employment of visiting nurses.

*Laws of 1925, Chapter 75 (Act of April 16,
1925)*

Town educational authorities are permitted to appoint school nurses.

*Laws of 1925, Chapter 132 (Act of May 29,
1925)*

Any nurse acting as a teacher of hygiene and holding a certificate of qualification from the State board of education and employed by town school authorities shall be considered a teacher and entitled to the privileges of that employment under existing law.

*Laws of 1927, Chapter 298 (Act of June 8,
1927)*

Towns, singly or jointly, may be granted state aid for public health nursing, except school nursing. The program, administered by the local health officer, must be approved by the State department of health, as must also the nurse. A person or group may be appointed to administer the service.

DELAWARE

Laws of 1920, Chapter 48, Section 121

Boards of education and special school districts are allowed to employ school nurses by this law.

Laws of 1921, Chapter 43, Sections 1 and 2

The State board of health is authorized to employ a full time registered trained nurse to educate and supervise the midwives of the State. An annual appropriation is made for this purpose.

GEORGIA

Code of 1926, Section 1676(13)

The section of the law establishing sanitary districts permits county or district boards of health to employ visiting nurses to aid deputy commissioners of health in the examination of school children and to instruct parents in matters pertaining to their children, and to perform such other duties as are required by the board.

IDAHO

*Compiled Statutes of 1919, Sections 3448,
3449*

This law authorizes county commissioners to employ graduate trained nurses. Duties are: "To act as consulting expert on hygiene for all schools not already having medical inspection either by physicians or visiting nurse; to assist in the care of the poor in the county who are in need of such services; to give instruction to tuberculosis patients and others relative to hygienic measures to be observed in preventing the spread of tuberculosis; to aid in making a report of existing cases of tuberculosis; to act as a visiting nurse throughout the county; to hold clinics; in co-operation with the juvenile court to look after child welfare work in the county and to perform such other duties as nurse and hygienic expert as may be assigned by the county board." Monthly reports are required. Salary is fixed by the county commissioners.

ILLINOIS

*Revised Statutes of 1929, Chapter 111½,
Sections 35d to 35f*

This law provides that the mayor of any city, village, or incorporated town, having a population over 5,000 and less than 100,000, which has adopted this act, shall appoint, upon the recommendation of the municipal board of health, one or more registered nurses to be known as community nurses, who shall perform such duties as assigned by the health officer. The act provides for a referendum for its local adoption and authorizes a tax of three-twentieths of a mill on the dollar for support of the nurse.

*Revised Statutes of 1929, Chapter 122,
Section 123, page 2630*

School directors are authorized to maintain and equip first aid rooms, with a nurse in charge.

INDIANA*Annotated Statutes of 1926, Section 6779*

Medical inspection of school children in cities over 100,000 population is required by this law. For this purpose boards of public health and charities may appoint district nurses with such visitorial powers as the board may prescribe.

Annotated Statutes of 1926, Section 4150

Hospitals for the insane are authorized to employ visiting nurses for prevention of mental diseases and after-care of patients.

Annotated Statutes of 1926, Section 10292

This act permits the common council of every city other than cities of the first and fifth classes to appropriate money not to exceed one cent on each hundred dollars of taxable property, to assist incorporated public health nursing associations, organized not for profit and solely for the promotion of health and suppression of disease, in carrying on their work.

IOWA*Code of 1927, Sections 2362, 2363, 2364*

Boards of supervisors, city and town councils, and school boards are empowered to employ public health nurses. Several such boards may coöperate in this employment. Duties, in a general way for the promotion of public health, will be prescribed by the boards.

Code of 1927, Section 3613

This section authorizes juvenile courts in counties having populations of 125,000 or more to appoint a visiting nurse at a salary not over \$100 a month.

KANSAS*Revised Statutes of 1923, Chapter 12, Sections 1631, 1632*

Authorities of first and second class cities are authorized "to levy a tax not to exceed one-fifth of one mill on a dollar, as other city taxes are levied, for the purpose of raising a fund for the maintenance of any public health nursing association which is or hereafter may be duly incorporated in any city of the first or second class." The money, when collected, would be expended as provided by city ordinance (this clause not applicable to first class cities having a population over 85,000).

Laws of 1925, Chapter 146

Counties over 120,000 population are authorized to appoint public health nurses to work in the public schools outside of first and second class cities. Such nurses must be registered, have had nine months public health experience, and will do general school hygiene work. The salary may not be over \$1,800 a year.

Laws of 1927, Chapter 240

This act authorizes local and county health officers to employ a skilled professional

nurse, with the approval of the board, whenever necessary. Such nurses will be allowed five dollars a day and necessary transportation and expenses.

KENTUCKY*Carroll's Kentucky Statutes of 1930, Section 2054g(2)*

This law authorizes the State board of health to establish a number of bureaus. Included is a bureau of child hygiene, one of the duties of which is to extend and make practical the services of public health nurses, especially in home visiting, and to provide for instruction in hygiene of maternity and the care of infants; through its instructors, county health officers, and public health nurses, to conduct physical examinations of school children and assist in the control of communicable diseases. A bureau of public health education is also established and is authorized to conduct a school for health officers and public health nurses, under the supervision of the University of Louisville and the State board of health.

A bureau of public health nursing is established to coördinate and coöperate with official and voluntary agencies in the state; in placing public health nurses in every county in Kentucky where, with the aid furnished from the public treasury through the State board of health, provision can be made for their employment.

Carroll's Kentucky Statutes for 1930, Sections 4711c(1) to 4711c(8)

This act entitles any county, tuberculosis district, or other organization not operated for profit, which employs a visiting nurse for the cure and prevention of tuberculosis and other diseases in any county, to receive state aid to the extent of one-third of the salary (but not over \$25 per month per nurse to be paid by the State) in providing compensation for such nurse. The act authorizes the employment of such a nurse and outlines her duties, the emphasis being on tuberculosis work. The nurse must be registered and shall be subject to the Kentucky board of tuberculosis commissioners. A bond is required from sanatoriums or organizations not established by a tuberculosis district before the state appropriation is made to them. Annual reports from the recipients of state money are required. In time of emergency the State Board of Health may require these nurses to perform duties under its supervision.

MAINE*Laws of 1929, Chapter 138, Section 5
(amending Laws of 1923, Chapter 102)*

A credential committee, a sub-committee of the board of registration of nurses, shall be appointed annually to act upon the applications and qualifications of nurses employed in public health work. This committee shall be composed of three registered nurses—one from the board of registration of nurses of Maine, one from the public

health section of the Maine state nurses' association and one from the division of public health nursing of the State department of health. These members shall be appointed by their respective organizations.

No graduate nurse shall be employed in public health nursing unless registered by the board of registration of nurses of this state, and unless her qualifications for such work shall have been determined and approved by said credential committee."

Public health nursing is defined to include nursing done by any graduate nurse in any form of social work in which the health of the public is concerned.

MARYLAND

*Annotated Code of 1924, Article 43.
Section 12*

This law empowers the State board of health to appoint such nurses as it deems necessary.

MASSACHUSETTS

*Acts of 1911, Chapter 72, Amended by
Laws of 1921, Chapter 370*

Towns are authorized to appropriate annually for the employment of a district or other nurse.

*Laws of 1921, Chapter 357—(Cumulative
Statutes of 1927, Chapter 71,
Section 53)*

School committees shall appoint one or more physicians and nurses, though in cities where medical inspection is provided by the board of health, the board shall appoint them. Towns having a valuation of less than \$1,000,000 may be exempt from so much of this law as relates to school nurses. A superintendency district may also employ physicians or nurses, fix their duties and compensation, and remove them by two-thirds vote of full membership of the joint committee.

MICHIGAN

*Laws of 1921, No. 277, as Amended by Laws
of 1923, No. 145*

This act permits the inhabitants of any township by vote of the qualified electors at a legal meeting to grant money for the employment of a public health nurse or nurses. Several towns are authorized to join in such employment. The nurse is prohibited from attempting to diagnose; prescribe drugs or treatment other than ordinary and temporary means; or to promote the business of any practitioner or school of healing. No person who objects, or minor whose parents object, shall be required to receive medical or physical examination or instruction, nor shall instruction in sex hygiene be given by the nurses in the public schools.

Laws of 1925, No. 7 (page 15)

Counties are authorized to employ public health nurses. They must be registered nurses who have had either four months'

special training or eight months' actual experience. They report through local and the state boards of health. No person who objects can be required to receive from them health examination, instruction, or treatment. They are to be directed by a local committee of five.

MINNESOTA

Code of 1927, Sections 5353-1 to 5353-7

This law empowers city, town, village, county and school authorities to make appropriations for the employment and necessary expenses of public health nurses. "Expenses" is defined to include suitably furnished offices and supplies, transportation, traveling expenses, telephone, clerical help, and incidentals. The nurses must be registered in Minnesota, or apply immediately on employment and secure registration within six months. Duties are set forth, in general those of public health nurses. Reports are required. The county commissioners may detail the nurses to work under the direction of the county board of health or of a nursing committee of five, made up of the county school superintendent, county health officer or a physician, a county commissioner, and two residents.

Code of 1927, Section 706

County sanatorium commissioners may authorize the superintendent to employ a nurse or nurses to visit consumptives in their homes.

MISSISSIPPI

Annotated Code of 1927, Section 8767(16)

School district trustees are empowered to employ visiting nurses.

MISSOURI

*Revised Statutes of 1919, Sections 5792, 5794,
and 1927 Supplement, Section 5795*

Whenever the State board of health considers the appointment of a public health nurse desirable, the board shall report to the county court or mayor of second, third, or fourth class cities, and these authorities may appoint qualified, registered nurses to do communicable disease work.

This law also covers procedure for disinfection of premises. In case a petition is signed by 250 tax payers, it shall be the duty of the city council or county court to provide for the appointment of such nurse or nurses.

MONTANA

*Revised Code of 1921, Chapter 194, Sections
2505 to 2509*

School boards may employ, in their discretion, regularly qualified nurses, duly registered in Montana. Two or more boards may unite in such employment. County commissioners are authorized to employ county nurses for duties under the child welfare division of the State board of health, which is also created by this law.

NEBRASKA

Compiled Statutes of 1922, Sections 8234 to 8236

Cities, villages, counties, and townships, through their appropriate governing bodies, are empowered to employ a visiting community nurse, duties to be prescribed by the authorities. For the salary and expenses of the nurse, a tax not exceeding 5 mills on the assessed valuation of the taxable property may be levied. The nurse may be empowered with police power to carry out the order of the municipal or county organization. In cities of the metropolitan class, the city council may employ a visiting nurse or association to perform these duties and pay for the same out of the general fund. Whenever a petition, signed by 25 per cent of the electors shall be presented to the governing board requesting submission of question of a levy for traveling expenses of the nurse, this question shall be submitted at a regular or special election and, if favorably voted upon, shall be included in the estimate for expense for each year during the period for which adopted. The same procedure may be used for the discontinuance of the levy.

NEW HAMPSHIRE

Public Laws of 1925, Chapter 42, Section 4 (VIII)

Towns may vote sums of money to aid visiting or district nursing associations.

Public Laws of 1925, Chapter 211, Sections 10, 11

No person shall engage in any form of public health nursing unless she is a registered nurse. The term public health nursing includes only employment by or for the state, county, city, town, or school district.

NEW JERSEY

*Cumulative Supplement 1911-1928, page 771
(Laws of 1918, Chapter 185, Article XIV)*

Every board of chosen freeholders shall have the power, from time to time, to employ registered nurses or nurse whose duties, under the rules and regulations from time to time to be prescribed by such board, shall be as follows: to discover and investigate any tuberculosis cases existing in such county; to give instructions to tuberculosis patients and others in such county relative to hygienic or sanitary measures to be observed in preventing the spread of such disease; to act as visiting nurse to any tuberculosis patients in such county; to aid in making a report of existing or suspected cases of tuberculosis in such county to the State board of health, to the board of managers of any hospital established in or for such county for the care and treatment of persons suffering from tuberculosis, and to the board of health of any municipality in such county; and to perform such other duties as nurse or hygienic expert as may be

designated by such board of chosen freeholders to prevent the spread of such disease. Every nurse, so employed, shall at the end of each month, and at such other times as the board of chosen freeholders may require, make a report in writing to such board.

Laws of 1927, Chapter 335

Boards of education may employ nurses for school medical inspection activities.

NEW YORK

Public Health Law, Article II, No. 2c

The public health council shall have the power to prescribe by regulations the qualifications of public health nurses.

Public Health Law, Article II, No. 3a

This law creates a division of public health nursing in the State department of health.

Public Health Law, Article II, No. 4a

The State commissioner of health may, whenever deemed expedient within the limits of his appropriation, employ public health nurses and assign them from time to time to such sanitary districts and in such manner as in his judgment will best aid in the control of contagious and infectious diseases and in the promotion of public health.

Public Health Law, Article III, No. 7

This law provides that written reports of nurses shall be presumptive evidence of facts stated therein. It further provides that public health nurses shall not be sued or held for liability for official acts done or omitted.

Public Health Law, Article III, No. 21c

Health officers shall have the power to employ such number of public health nurses as considered necessary within the limits of the appropriation for the city, town or village. Duties are general and are set forth.

Public Health Law, Article XVI, No. 328

A health officer shall have authority to cause all reported cases of tuberculosis within his jurisdiction to be visited from time to time by a public health nurse. She shall act under the supervision of the physician reporting the case.

Education Law, Article XX-A, No. 570

Medical inspection of schools shall include the services of a trained registered nurse.

Education Law, Article XX-A, No. 571

Boards of trustees of school districts may employ one or more school nurses who shall be registered trained nurses. They shall aid the medical inspector and perform such other duties as he prescribes. Two or more school districts may combine to employ nurses.

County Law, Chapter II, Consolidated Laws, Paragraph 47, No. 9—as Amended by Paragraph 44a

Boards of managers of county tuberculosis hospitals are directed to employ county nurses for the discovery and supervision of

tuberculosis in the homes unless such service is otherwise provided in the county in a manner approved by the State commissioner of health. Where there is no county tuberculosis hospital, boards of supervisors of the county are authorized to employ such tuberculosis nurses.

County nurses work under supervision of a committee appointed by the board of supervisors and consisting of at least two physicians, preferably health officers, an equal number of supervisors, and one or more persons representing public health nursing organizations.

NORTH CAROLINA

Code of 1927, Section 6739

The State sanatorium for treatment of tuberculosis is authorized to conduct a training school for nurses, the superintendent acting as dean.

NORTH DAKOTA

1913-1925 Supplement to Compiled Laws, Section 1346

County commissioners are authorized to allow bills and consider recommendations for the services of visiting nurses in case any town, county, district, or state anti-tuberculosis society considers it necessary to secure such a nurse. The act refers to tuberculosis work.

Laws of 1919, Chapter 200, Section 1346

County commissioners, upon being duly petitioned in writing by a majority of the county school directors, are empowered to employ physicians or nurses, the latter duly registered in the state. Duties are set forth. School boards or boards of education of any school corporation, when petitioned by a majority of the persons having children in the schools of the district, may employ physicians or nurses, whose duties are set forth in the law.

OHIO

Code of 1929, Section 1261-22

This law permits the board of health of any general health district to appoint for whole or part time service public health nurses in such number as is necessary. They may be removed for cause by the board.

Code of 1929, Sections 3153-1, 2, 3, and 6

This law permits county commissioners to appoint, subject to approval of the State department of health, instructive and visiting nurses for tuberculosis work, who shall be subject to supervision by the county commissioners and the State department of health, and may be detailed to local health authorities for service. Where there are no hospitals for the tuberculous, county commissioners may maintain dispensaries and employ public health nurses.

Code of 1929, Section 4408

In municipal health districts, the board of

health may appoint public health nurses for whole or part time service.

Code of 1929, Section 4411

City boards of health may appoint as many persons for public health nurse duty as in their opinion the public health and sanitary conditions of the corporation require, and such persons shall be registered nurses and known as public health nurses. Where registered nurses are not available other suitable persons may be appointed.

Code of 1929, Section 7692

Boards of education are authorized by this law to employ school physicians and trained nurses.

OKLAHOMA

Laws of 1923, Chapter 39

County commissioners are authorized to employ nurses to care for the indigent tuberculous.

OREGON

Compiled Statutes of 1920, Section 8402(4)

This law, which deals in the main with the establishment, maintenance and operation of county tuberculosis hospitals, provides that the board of county commissioners may employ visiting nurses. Their duties are set forth fully and are those of public health nurses in tuberculosis work. Monthly reports to the county clerk are required.

PENNSYLVANIA

Pa. Statutes of 1920, Section 5077, as Amended by Laws of 1929, No. 83

Any board of school directors or two or more boards may employ one or more school nurses who shall be graduates of reputable training schools for nurses, and shall define their duties.

RHODE ISLAND

This state has passed a number of laws permitting individual cities and towns to employ public health nurses. (See L. 1923, Ch. 511, 532; L. 1925, Ch. 687, 707; L. 1927, Ch. 1083, 1092, 1118; L. 1929, Ch. 1499.)

SOUTH CAROLINA

Code of 1922, Section 2630(9)

Boards of trustees of school districts are empowered to arrange for medical and dental examinations of school children, provided that inspection made by a physician, dentist or nurse of the State board of health shall be deemed sufficient.

Laws of 1925, No. 174

Authorizes a public health nurse for Spartanburg County.

SOUTH DAKOTA

Acts of 1919, Chapter 149, Sections 1-9

The county board of health, if it deems necessary, shall file a written application with the county auditor for one or more nurses.

If there is no board, or it fails to act, 25 resident freeholders may file such a petition. The county commissioners will then consider the request and act upon it, fixing term and compensation of the nurse. Part of compensation may be paid by the Red Cross Seal Commission or by a city or town in the county. The county commissioners may also appoint a nurse without an application, if desired. Duties of the nurse, who is designated as the county nurse and must wear a uniform, are set out in detail in Section 5. They are in general the usual functions of a public health nurse. When not needed in the general work of the county, the nurse may be employed by cities, towns, associations, or private individuals. Monthly reports to the county and state boards of health are required. It is declared unlawful for any person to refuse the nurse admittance to private homes or schools in the discharge of her official duties.

TEXAS

Revised Civil Statutes of 1925, Section 4481

Boards of managers of county hospitals are authorized to appoint trained visiting nurses.

Laws of 1927, Chapter 169

County commissioners are authorized to appoint public health nurses for school or general work. Salaries are limited to not more than \$1,800 a year.

UTAH

Acts of 1919, Chapter 85, Sections 1-3

This law authorizes the State board of education to appoint a State director of health education who shall exercise general supervisory control of health education in the public schools. The State board of education shall determine professional requirements of supervisors of health education and school nurses. Boards of education in school districts are authorized to adopt such reasonable measures for health education and to incur such reasonable expense as may be necessary for the promotion of the physical welfare of children of preschool age, including the education of parents in child welfare, this power to be exercised only with the consent of the parent. Plans for carrying this act into effect shall be recommended by a committee consisting of the state director of health education, the dean of the State school of education, Dean of the department of medicine of the University of Utah, Secretary of the State board of health, and the director of the department of home economics of the Agricultural College.

VERMONT

General Laws 1917, Chapter 64, Section 1317

The term "medical inspector" as used in this chapter shall mean either a licensed physician or a trained nurse. This law requires boards of school directors to appoint

one or more medical inspectors and it outlines their duties.

Acts of 1917, No. 107, Section 3623

This law permits cities or incorporated villages to appropriate money (within certain limitations) for a district nurse.

VIRGINIA

Code of 1924, Section 724a

This act authorizes counties, cities and towns to make appropriations for health examinations and physical education of school children, and states that the employment of school nurses shall be approved by the State health commissioner and the State superintendent of public instruction.

Code of 1924, Section 1550a

This law establishes a unit of doctors and nurses to do tuberculosis education work under the auspices of the State board of health.

WASHINGTON

Compiled Statutes of 1922, Section 6114

The board of county commissioners is authorized to employ visiting nurses for tuberculosis work. Where there is a county hospital, the visiting nurses will be under the control of the hospital board of managers.

WEST VIRGINIA

Code of 1923, Chapter 45, Section 64

Boards of education are authorized to employ school nurses.

Code of 1923, Chapter 150, Section 4

The state director of the division of preventable diseases shall encourage measures for district nursing in connection with tuberculosis work.

WISCONSIN

General Statutes of 1927, Section 141.05

This act permits local boards of health or health officers to employ public health nurses for general activities. Towns, villages and cities may combine to employ such nurses.

General Statutes of 1927, Section 141.06

The county health committee, when authorized by the county board, shall employ one or more county nurses. Duties are set forth, including school hygiene; tuberculosis work; investigation of juvenile delinquency, non-school attendance, child labor, and cripples; and health instruction throughout the county. A board of three examiners, representing the State board of health, committee of examiners of registered nurses, and the State superintendent of public instruction, determine qualifications of all candidates. Work of the nurse or instructor is directed by a committee consisting of the chairman of the county board, county superintendent of schools, a woman appointed by the county board, judge of the juvenile court, and the deputy state health officer or county physi-

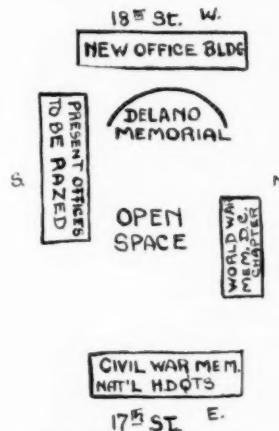
cian, and not less than five members of the county board.

General Statutes of 1927, Section 149.09

The qualifications of public health nurses not under the direct supervision of a resident certified public health nurse, shall be deter-

mined by a committee of three examiners, one selected by State board of health, one by board of examiners for nurses, and one by State superintendent of public instruction. Candidates recommended will be certified by the State board of health to the local appointing body.

DEDICATION OF THE NEW RED CROSS MEMORIAL BUILDING



A new and beautiful white building now stands in the block occupied by the American Red Cross in Washington. On March 19th the Memorial Building to the Sacrifices and Services of American Women in the World War was dedicated. The simple exercises began and ended with prayer by the chiefs of chaplains of the army and navy. General Pershing presided, and presented the building to President Hoover, who, in a brief speech gave generous acknowledgment to the services of American women during the war with special emphasis on Miss Mabel Boardman's long and arduous work. The commemoration tablet of the building itself was then unveiled. After the President and Mrs. Hoover left, the other memorial tablets in the Hall of Service in memory of war services of special groups

and individuals were unveiled. The audience then dissolved into special groups gathered about the beautiful Ionic columns outside the building, and those on the first floor, given in commemoration, also, of special groups or individuals. Each of these was in turn unveiled by the group representatives, to music provided by the U. S. Army Band. The fine marble lamps in front of the entrance appropriately commemorate Miss Boardman's services. The nursing group assembled at the column which stands at one side of the entrance, dedicated to Jane A. Delano and the 296 nurses who lost their lives in the war, which was given by the nurses of America. This was unveiled by Miss Clayton with a supporting group of nurses in Red Cross uniform.

It was a touching and beautiful occasion and the ceremonies were conducted with admirable simplicity and complete efficiency. The groups of Red Cross workers in their coifs, with the reds, blues, grays and purples of their respective services, gave charming touches of color to the white spaces of the building. The building is to be used by the District of Columbia Chapter for all its service activities. The rest of the square occupied by the Red Cross will soon see the temporary building which now houses, among other departments, the Bureau for Public Health Nursing, demolished and a modern building corresponding to the others going up. This will leave a court in which will be placed the Delano Memorial, the actual form of which has not yet been selected. The above rough sketch indicates the probable plan when completed.

Florence Nightingale

May 12, 1820—August 13, 1910



A corner of the courtyard of the villa in Florence where Florence Nightingale was born.

"Behold I have set before thee an open door and no man can shut it."—Rev. iii:8.

We are quite certainly meant to apply words like these to ourselves, to whatever fellowship or community or particular work we jointly belong. Today we are thinking of that community which in a special sense has to care for the sick and suffering. Fit to them the text, "Behold I have set before thee an open door and no man can shut it." Could any words be found more appropriate to the life work of the lady whom we are remembering today? Or are any words more appropriate to the community of nurses to whom so large and far-reaching a trust is given? We connect the thought with Florence Nightingale and her indomitable life in God's sight. The door was open. She was firmly persuaded of that; she was ready, God helping her, to use it and (if ever it was true of anyone, it was true of her) no man could shut it. The facts stand out with increased startlingness, the oftener we think of them. To a woman of extraordinary gifts, though they were as yet untested, came the great vision of an open door, an unused opportunity for a work of vital bigness and range and development. . . . She bravely faced what looked like an impossible task and every obstacle from whatever source it came—and they came from many sides—had perforce in that great and feverish emprise to give way before her. Evils and mischiefs which seem to us, as we read them now, almost incredible, yielded; and very many people as they welcomed her home, and as their pessimism and criticism turned into paens of praise, spoke of her as if her work—her triumphant work—was done. They had to learn that it was but begun, and that the vast achievements of her life were still, in face of obstacles and foes innumerate, to be wrought out during decades of tireless toil. They were wrought out in a large sense for everybody's good but in a peculiar and personal sense, for *yours*, as the ground was cleared and the path was fashioned. Bit by bit the fabric grew into, no not *into*, but *towards* completion. The arena for the beneficent efforts and the glad activities of today God had set before those toilers with her at their head. The open door and no man could shut it.

From address by Archbishop Lord Davidson, St. Thomas' Hospital Chapel, May 12, 1929, at a service commemorating Florence Nightingale's birth. Published in the Nightingale Fellowship Journal.

Health Organization of the League of Nations

BY B. M. CHERRINGTON

Foundation for the Advancement of the Social Sciences,
University of Denver, Colorado

WE are about to consider one of the romantic chapters in the life of the new world. Much has been written concerning the unprecedented migrations of peoples made possible by the means of rapid communication and transportation of modern times. On the whole this flow of people has proved beneficial; it has removed pressure in over-populated old lands and released life and energy in new countries where it is needed. With this phenomena we are familiar.

But improved communications also have given rise to another kind of migration whose results are utterly bad; the migration of minute living bodies in an invisible world. So silently do these little bodies deport themselves that the average citizen goes on his way serenely oblivious to their existence. But to the scientist, the public health officer, the movement of these microorganisms is more real and more significant than the movement of peoples. These tiny bodies with their amazing vitality calmly board trains and caravans and impudently move past borders and customs barriers as though they did not exist.

It is natural and inevitable then, that with the formation of the League of Nations, one of the first steps should have been the creation of an international health organization that would coördinate and unify the health services of the world in their fight against the common enemy.

The Health Organization, like the League itself, has three divisions: a large Advisory Council, corresponding to the League Assembly and composed of medical experts from all parts of the world; a Health Committee of 16 members which like the Council of the League is a small executive body; and a permanent Secretariat of medical experts with headquarters at Geneva,

of whom Dr. Ludwik Rajchman is the director.

THE SERVICE OF EXPERTS

Even before the Health Organization was completed it was called upon to meet the crisis of 1920 when the epidemic of typhus in Russia and Poland threatened to spread through Eastern Europe. Here, in this first service, was established one of the principles of operation which has contributed most to the Organization's rapid growth and influence. Instead of sending a large complement of men to the affected area, a small commission of experts with financial resources was placed at the disposal of the health departments of the several nations engaged in the fight against typhus. The experts led the way in uniting the national health departments in a common program, instructed them in the most effective methods of combating the disease, such as strict disinfecting enforcement, isolation, hospital sanitation, and so on, and then when the battle had been won, departed, leaving those departments equipped and trained to combat a recurrence of the scourge without outside help. This policy of improving local health services rather than building up a great health staff in Geneva has greatly accelerated the development of public health departments throughout the world, particularly in Asia and South America where the movement is less advanced than in Europe and the United States. I mentioned the United States because it has participated as a member of the Health Organization from the beginning. Our representative on the Health Committee at the present time is Surgeon-General H. S. Cumming, Chief of the United States Public Health Service.

Recently Greece called upon the Or-

ganization to advise in the complete reorganization of the nation's health services. Stimulated by the Geneva organization China within the last two years created a Ministry of Health under the guidance of Geneva experts, and Bolivia has requested the League to assist in establishing a national public health department.

PERMANENT COMMISSIONS

There are ten permanent commissions of the Health Organization directed by specialists from many countries. Some of these commissions are of special interest to public health nurses.

The Cancer Commission collects data from reliable research centers in all lands and serves as a clearing house for the universal dissemination of any developments anywhere in the treatment of this baffling disease. It encourages special lines of research in countries best suited for such studies; for example, England is investigating occupational cancer, another country skin cancer, and so on.

The Commission also is making an exhaustive study of the uses of radium in cancer treatment and of the possibility of international legislation to conserve the world's limited supply.

The most prevalent disease in the world is malaria. The Malaria Commission numbers among its members several of the foremost authorities; it has conducted painstaking studies of the causes and methods of treatment of malaria in those sections of the earth where it is most common. Recently the Commission went in a body to India at the invitation of the government for first-hand investigation in that land where the malady is so prevalent. Although the work of the Commission is in its early stages it has already standardized the principles and methods of anti-malarial work for the world. It is coöordinating the innumerable researches that are under way in every quarter of the globe.

The scientist will at once recognize the great importance of the work of

the Commission on Standardization of Sera and biological products. The use of sera is becoming one of the most important weapons for combating infectious diseases but heretofore there have been lacking uniform standards in the preparation of these products. It is of the greatest importance for instance that an American physician using pituitary extract prepared abroad should know whether the standard employed is identical with that of the American product and vice versa.

SPECIAL STUDIES

In addition to the work of the permanent commissions the Health Organization at the request of members of the League has initiated numerous special studies. One of these took a group of specialists to Africa for 18 months of study of sleeping sickness; another, which is still in process, is surveying the problem of leprosy in the world and marshalling the best experience regarding its treatment; and still another is gathering data on the methods of treating syphilis employed in different lands.

We can but name without describing the work of other Commissions such as: Commission on Tuberculosis, Commission on Opium, Commission on Anthrax, Joint Commission on Public Health and Health Insurance, and the Sub-Committee on Preventive Medicine.

Thanks to a generous subscription from the International Health Board of the Rockefeller Foundation the Committee on Training of Public Health Officials has been able each year to arrange an interchange of public health officials. Parties made up of several specialists inspect the health departments of a number of countries. These trips frequently last from six weeks to two months. One of the most recent interchanges took place in the Orient when experts from twelve Far Eastern countries visited India. A report on this activity states that the total number of participants in this interchange to date is 489.

STUDY OF INFANT MORTALITY

A special study which will be of peculiar interest to nurses was that of infant mortality. The Assembly of the League by resolution authorized the Health Organization to investigate infant mortality from the point of view of feeding in infancy. After study the Commission took the view that it should carry out not only a statistical inquiry, but also a critical clinical and medical inquiry, in order to discover why a certain number of infants died each year in any particular country, district or town. The Commission decided to choose in the different countries represented upon it a number of districts, both rural and urban, some with a low and others with a high mortality. Each country was, in principle, to study two rural and two urban districts, each district representing a population of about 100,000. The most important point was to establish uniformity of method, in order that technically the different investigations might be as closely identical as possible, and that consequently the results might be fully comparable.

Four principles were determined upon in advance:

First, the investigators were to study in detail in the districts chosen every case of death whether of a child born alive or of a still-born child. Each case was to be interpreted and studied as a single unit. In each case, as accurate a diagnosis as was possible of the medical cause of death was to be made, by collecting all the clinical, epidemiological, serological, and, if possible, post-mortem information.

It was further realized that the inquiry would be incomplete if it did not also cover the cause of the disease which had killed the infant, which meant the examination of the moral and social factors resulting in death in infancy.

Second, the Commission drew up detailed questionnaires covering medical and social information of the most diverse kinds. The investigators received instructions commentating and explaining these questionnaires.

Third, investigators were chosen and trained in each country. They were familiarized with the principles adopted and their action was coördinated in each country by

the expert member of the Commission, who directed the inquiry.

Fourth, the results obtained had in the end to be coördinated. That task was carried out at successive meetings at Paris, Vienna, London, and Rome, during which each investigator laid his results before the Commission; all the investigators derived great benefit from the observations of their colleagues.

Thus it was possible, in twenty-six districts in Europe—urban or rural—to carry out, on absolutely uniform lines, an inquiry covering all children under one year of age who died during a period of twelve months. If you are interested in a brief summary of the Commission findings,* you will find all reports of commissions and special inquiries printed, as well as the minutes of the meetings of the Health Committee. A weekly and a monthly epidemiological report are also issued. Most of these documents are in paper covered cheap editions and can be secured at cost through the office of this Foundation, which has become a distributing center for the League of Nations publications.

A similar study of infant mortality has just been completed in four South American countries—Argentine, Brazil, Chile, and Uruguay. Japan has invited the League to make a study there. The commission is also engaged on an international study of rickets.

OUTWITTING EPIDEMICS

And now we turn to the most dramatic section—the work of the Epidemiological Intelligence Service. Like the forest rangers stationed on strategic peaks in the Rockies where they can quickly detect the outbreak of fire and summon fire fighters in time to control it, the Health Organization has established bases at strategic points in the world where the outbreak of contagious diseases may be instantly detected and the affected area isolated.

Washington, D. C., Frankfurt, Germany, and London, each has a base, but by far the most important is at Singapore. This base is in telegraphic communication with every principal

* Page 74, Minutes of the 14th Session of the Health Committee.

port of Asia, Australia, and the East Coast of Africa. From each port it receives weekly telegraphic reports regarding the number of cases and deaths from plague, cholera, and smallpox. This information is immediately broadcast by radio from four principal broadcasting stations in the Orient. It is also cabled to Geneva where it is relayed by radio and cable to the western world. These broadcasts are verified by weekly printed reports sent to health stations in all lands. Thus, should an epidemic of some contagious disease develop suddenly in a given port, the captains of all ships recently departed from that port are notified by wireless to be on the watch for the outbreak of the malady on board and port health officials everywhere warned to be ready to quarantine those ships upon arrival. In 1928 one hundred and sixty ships were discovered to have patients on board with infectious diseases and preventive measures were taken through this means of quick communication. Once each month the Geneva office publishes a rather complete Epidemiological Report.

The Epidemiological Service has many other important, though less spectacular functions, some of which are:

A study of the simplest and most reliable method of obtaining information regarding

the incidence of disease and the progress of epidemics; study of the world distribution of particular diseases; study of the periodicity of epidemics and the factors which cause or influence such periodicity; organizing missions of enquiry regarding the development of epidemics; and a comparative study of the incidence of particular diseases in different countries and their public health statistics. For the first time in history it is now possible for those interested, as a result of these studies, to establish the movements of epidemic diseases throughout the world at any given time.

Someone has referred to this coöperation of the nations in the crusade for health as the new international chivalry. I would cast no shadow across the courageous military achievements of the defenders of our country or of any other country. But today we are considering another type of heroism—the new patriotism. The public health expert goes forth to battle alone; no martial music to quicken his step, no cheers from the masses to spur him on; he goes unnoticed and unsung. He goes to fight a foe which if left unchecked will wreak destruction vastly more ghastly than the terrors of war. And his reward? The joy of a scientist in his science and the satisfaction of a good task well done. Here is a transcendent heroism; here indeed is a chivalry worthy of the new day, the prototype of the citizenship that is to usher in a world of peace and brotherhood.

ADDITIONAL SUMMER SCHOOL COURSES*

University of Virginia, University, Virginia. June 16-July 26. Course in Nursing Education on Methods of Teaching Nursing Practice, with instruction by Miss Adelaide A. Mayo. For further information write to the Secretary of the Summer Quarter, Box 149, University, Va.

University of Tennessee, Knoxville, Tennessee. Courses in community activities of the rural school, child psychology and educational psychology. For further information write to the Registrar, University of Tennessee, Knoxville, Tennessee.

The course in teacher training given by the American Red Cross at Colorado Agricultural College, Fort Collins, should have been listed July 19-August 29 inclusive. The Red Cross course scheduled to be given in Buffalo has been cancelled for this year.

* See THE PUBLIC HEALTH NURSE, April, 1930.

Prenatal Bag for Department of Health Nurses

City of New York

BY MARY J. DUNN

Assistant to the Director, Bureau of Nursing, Department of Health

THE Bureau of Nursing, City of New York, Department of Health, has recently designed and distributed for use a prenatal bag especially adapted to the needs of the maternity hygiene nurses.



The bag is made of black cowhide, and is comparatively small in size and light in weight; its weight without equipment is one pound, fourteen ounces, with equipment three and one-half pounds. The outside dimensions of the bag are 13" x 8" x 5½", making it a convenient size to carry, either under the arm or by the handles. It has a steel mounting, a brass lock, and two small firm round handles, one on either side of the steel frame.

The interior has two leather partitions, 4½" deep, making three sections. The base and the ends of the bag are collapsible, making the appearance of the bag similar to that of a brief case. However, the middle section of the bag has an adjustable stiff base, 12" x 2", which facilitates keeping the bag open and in an upright position when in use. This section has a detachable linen lining, with six pockets: four for bottles, two for thermometers.

The bag contains the minimum equipment for a home visit, including the following:

First Section—

Paper napkins
Absorbent cotton in waxed envelope

Middle Section—

Mouth thermometer in blue top metal case
Rectal thermometer in red top metal case
Bottle for green soap—2 ounce size, screw top
Bottle for alcohol—2 ounce size, screw top
2 specimen bottles—2 ounce size, screw top
Butcher apron (linene) in Manila envelope

Third Section—

Records, Literature, Tongue depressors in waxed envelope.
Applicators in waxed envelope
6 royal sanitary cups for funnel



It is the policy of the Department of Health to take blood pressures and to do urinalyses at the maternity hygiene center instead of in the home. At the present time specimens of urine are collected in the home and brought back to the station for examination; bottles for these specimens are included in the bag equipment.

These bags cost without equipment \$10.50; with equipment, approximately \$13.00.

Certain Problems in Rural Public Health Nursing in Alabama

A Discussion

BY JESSIE L. MARRINER

Director, Bureau of Child Hygiene and Public Health Nursing,
Alabama State Department of Health

ALABAMA affords an unusual opportunity for study of the special problems involved in rural public health nursing. Without attempting an exhaustive list of these, attention may be directed to a number of the more or less intangible considerations which contribute to the success or failure of county nurses.

SELECTION OF NURSES

In the Alabama situation there is necessarily a relative subordination of nursing needs to those created by an insanitary environment. This continues until the health problems arising from environmental causes have been brought pretty thoroughly under control. This factor in our work naturally has to be taken into consideration in the selection of county nurses, otherwise many nursing maladjustments would result. It goes without saying that a highly trained public health nurse who has had an extended experience in an urban public health nursing service meets, in such a situation, a considerable problem in self-adjustment. Although this adjustment has been made with shining success by a number of capable women who came to Alabama from northern states during the years of its inauguration of public health nursing, as a personnel finding policy it has failed to enlist the confidence of health officers. A decided preference is shown for carefully selected nurses without special public health training or previous experience other than a two months' introductory period at the State Training Station.

It is believed that nativity, social background and early education wield a profound influence affecting the poten-

tial usefulness and acceptability of the county nurse, while preconceived ideas and accepted teachings that may prove inapplicable to a rural situation, exert a profoundly unfavorable influence.

NEED FOR A FLEXIBLE PROGRAM

The program of activities carried by a county nurse is not based upon any preconceived premise as to what properly constitutes public health nursing. The program of the county health unit is decided upon after a study of the county and is designed to meet as promptly and effectively as possible the most urgent health needs of the county. Any part of this program which can be acceptably carried out by a nurse may be appropriately included in the county nurse's program.

The above considerations have necessitated the adoption of a suitable policy for the selection of county nurses. A practical plan has been worked out for their preliminary preparation for the field, their placement and occasional replacement or transfer. The State program in its entirety involves the giving of advisory service to county health units on nursing problems, and a constructive program of staff education for county nurses.

DETERMINING NURSING POLICIES

The problem of a reasonable degree of self-determination for the nursing group has been adjusted if not entirely solved through the influence of the Public Health Nursing Bureau of the State Board of Health. This bureau rests on an equal footing with other bureaus, and its director is responsible to the State Health Officer for promotional activities in matters concerning nursing interests. Theo-

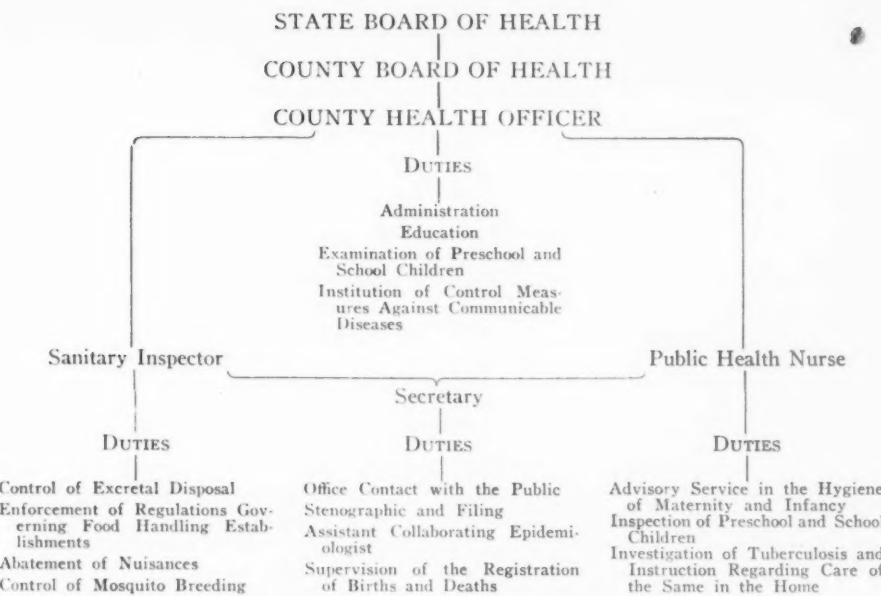


Chart showing County Organization of Alabama State Board of Health

retically, the nursing bureau is an advisory bureau exercising only the prerogatives of professional leadership. All administrative functions are carried out by the central office or delegated to an appropriate bureau. In practice, nursing interests are not entirely without influence in the shaping of administrative policies. It has been a traditional custom for the director of nursing to place her views on any administrative problem before the state or county health officer or bureau chief who has executive authority in the premises. With opportunity to be heard the course of events tends toward clarifying and convincing discussion leading to constructive action, rather than toward interbureau tests of strength. If opinions are of value, in the long run they will be accepted.

Events have long since proved the wisdom of permitting the Public Health Nursing Bureau to select all nurses and recommend candidates for positions. These are administrative functions which have been delegated to the nursing bureau as a service agency. The objective of the service is to keep all positions acceptably filled. A county

health officer cannot be overruled by the nursing bureau in his plans for hiring or firing the county nurse. He can, if he wishes, be helped by it to accomplish his purpose without arousing harmful discord in the community.

NEW CANDIDATES

A nurse who is accepted as a candidate is sent to the state training station for two or three months' experience under supervision. If she proves satisfactory, she is usually placed as a relief nurse for a few months, until her ability is tested. She is then assigned to a county health unit (see chart). During the training period the nurse is paid \$3.00 a day. She must own her own car for which she is allowed \$16.66 per month, in addition to the actual expense of car maintenance.

Not all of the above features of a state nursing program have attained a high degree of administrative perfection, but this means only that there are many things still to be thought through by the nursing personnel for presentation to the responsible heads.

The fact that this state bureau is not in the last analysis held responsible for

administrative errors in the nursing field or given credit for successes is one of its most valued assets.

LIVING ACCOMMODATIONS

Another striking problem is concerned with the scarcity of suitable living accommodations. The field supervisors frequently bring in distressing accounts of the hardships cheerfully faced by county nurses whose preparation has been limited to two months in a training station and whose inexperience begets in the hearts of their leaders a feeling of deep and constant concern for them.

The nursing bureau advocates efforts on the part of the health unit personnel to convince rural communities of the importance of providing suitable living accommodations for workers in the public service. An acceptable solution of these difficulties can usually be found after workers have had time to become well acquainted with their surroundings and to make friends.

CONGENIAL COMPANIONSHIP

A less tangible but equally vital problem faced by the rural nurse is associated with the universal human need of congenial companionship and appropriate social diversions. Without these the nurse cannot hope to become an accepted member of the community with the permanency of her citizenship taken for granted by the people.

It is difficult to imagine a young, inexperienced and eager county nurse who, without the closest supervision and guidance, would be able to safely negotiate the perils of a typical rural situation. These lines of Sarah Teas-

dale might have been written especially for such a nurse:

"When I have ceased to break my wings
Against the faultiness of things
And learned that compromises wait
Behind each hardly opened gate,
When I can look life in the eyes,
Grown calm and very coldly wise,
Life will have given me the Truth,
And taken in exchange—my youth."

The saying that a position of leadership entails a lonely life, has been repeated often, but is seldom justified by facts. A large number of well distributed friendships among carefully selected individuals should make the life of a county nurse full of joy and happiness, as well as service. If the desire for professional success comes first, she will find no difficulty in adjusting her personal life so as to contribute to this end.

In the foregoing paragraphs an attempt has been made to sketch in rough outlines some of the minor problems incident to rural nursing in Alabama as planned, fostered and administered by the official state health agency. A spirit of oneness, as well as the fact of unity, has from the beginning characterized the development of the public health field in this state. Here, more than in any other section, public health nursing has developed as a part of the general public health program, and any tendency on the part of the public health nurses to become exponents of a separate profession has been avoided. Here a great unity of purpose seeking a common end in the health and well-being of its people has characterized the State's program for public health.

INFORMATION, PLEASE!

The committee appointed by the Public Health Nursing Section of the American Public Health Association to study the usefulness, function, constitution and methods of appointment of committees on public health nursing advisory to the public authorities, is anxious to get in touch with chairmen of such advisory committees of urban official agencies. Chairmen of such committees will confer a great favor by communicating with the chairman of this study committee—Agnes J. Martin, 419 City Hall, Syracuse, N. Y.

Suggested Programs for Staff Conferences

Editorial note: The following suggestions for programs for staff conferences were culled from papers presented by students in the Department of Nursing Education at Teachers College 1925-26. The students were W. Murray, M. Neher, A. Morrison, F. C. Montgomery, M. I. Rue, and E. L. Pensinger. Unless otherwise indicated each subject is supposed to occupy the full hour of staff conference. As these are presented here there has been no attempt to classify the topics, nor to select from the list one typical year's program.

EARLY FALL CONFERENCES

Director of organization conducts first meeting. Informs staff of all business transacted by board since last meeting and of new plans for the future. Informs staff of the purpose of the staff conferences and suggests that they be conducted as a group activity. Makes further suggestion that a chairman be elected from the staff and a program committee of five members, three elected from the staff and two from the supervisors. Election to take place before the next conference.

Doctor from medical advisory board addresses the staff and tells of the defects discovered in the nurses during physical examinations of the past year. Tells what the nurses can do to preserve and promote their own health.

Address by representative from the Social Service Exchange. Topic, the purpose, functions and advantages of the Exchange to workers and community.

Report by two nurses on staff activities of especial significance during the summer. Demonstration and discussion of bag technique for benefit of new staff members, and for suggested changes.

Evening meeting—Hallowe'en party.

Records and record keeping. Discussion led by supervisor or director. Statistician from record office tells nurses something about concrete results of accurate record keeping. Illustrate with graphs, maps, etc.

Survey of local health facilities and co-operating agencies. Presented by staff members who have made especially valuable contacts with such agencies.

Outside speaker—preferably expert from city laboratory. Topic, safeguarding the water and milk supply.

Report by staff nurse of the history, development and accomplishments of the National Organization for Public Health Nursing.

Lecture on communicable disease by a specialist.

Communicable disease control in the home and school; special reference to children's diseases. Demonstration by member of staff. Discussion led by supervisor or director.

Historical conference, (a) address by founder of organization if possible, (b) résumé of development of the organization from the viewpoint of staff nurse by one of the older staff nurses.

A question box is provided and nurses are encouraged to drop into this box statements of problems they may have. These statements do not need to be signed. Open forum. Discussion of "question box" problems.

Ten minute reviews at the beginning of each weekly conference, choosing current health magazines in turn—one at each conference:

THE PUBLIC HEALTH NURSE
American Journal of Nursing
American Journal of Public Health
Survey
Hygeia, etc.

Case conference. (a) Case presenting housing situation which has been reported to the Board of Health. (b) Speaker from the local housing association.

WINTER CONFERENCES

Outside speaker—local pediatrician. Topic, use of cod liver oil in prevention of rickets.

Presentation of paper prepared by staff nurse on the essentials and tests of a good home visit, followed by general discussion by other nurses.

The home visit for prenatal care and instruction. Demonstration and discussion, members of staff.

Round Table discussion of Family Case Work—its application to the nursing program. Led by supervisor or director.

Home sanatoria care for the tuberculous. Preventive care for contacts.

Review demonstration of bag technique. Discussion of any problem involving technique.

Demonstration by staff nurses on "tactful methods of collecting fees," followed by general discussion.

Outside speaker—psychiatrist. Topic, Early indications of deviations from normal mentality in the preschool child.

Evening meeting—Washington's Birthday Party.

Case conference. Case presented in which both V.N.A. and tuberculosis organizations are interested. Have representative of tuberculosis organization present her relation to case before being taken over by V.N.A. Also give a general talk on tuberculosis.

Report of nurse delegate to local nurses' convention.

Review demonstration of communicable disease technique by one or more staff nurses. Review of pertinent articles in magazines by one or more nurses.

Case conference—preferably one involving the problem of shifting the responsibility for the care of a chronic patient to a family.

Speaker—leading psychologist. Topic, the place of mental hygiene in public health nursing.

Case conference—case presented has problem of venereal disease. Discussion of technique to be observed in such cases. Perhaps a speaker from venereal disease clinic.

City's midwife problem. Director or supervisor.

SPRING CONFERENCES

Case conference presenting case where there is a "behavior problem" in the home. Speaker from Habit Clinic talk on habit training.

Case conference, preferably presenting a case in which there is a problem involving several agencies, and the nurse is at a loss to know whether or not to withdraw.

Speaker—nutritionist. Topic, proper diet for prenatal patient. Actual display of foods to be included in diet.

Member of staff or possibly an observer tell of her work in a foreign field.

New features of hospital treatment applicable to public health nursing—outside speaker.

State Department of Health—Director of Bureau of Public Health Nursing.

Outside speaker—local industrial physician. Topic, symptoms of industrial diseases which a public health nurse is likely to encounter in the home.

Review delivery demonstration. Discussion.

Brief discussion by member of staff on delivery service. Speaker, an authority on obstetrics.

Review demonstration of post-partum case.

Industrial Hygiene—application to local industries. Member of staff.

Latest developments in medicine. Member of Medical Advisory Committee.

Outside speaker—diabetic specialist. Topic, proper administration of insulin.

Vital statistics with special reference to maternity and infancy. City's vital statistician.

Speaker—local hospital director of nurses. Topic, new trends in training which affect public health nursing.

Outside speaker—local physician. Topic, preparation and administration of toxin-antitoxin.

Demonstration of infant welfare clinic technique by a group of nurses. Nurses can stage this as a little play. A brief talk by clinic doctor.

One nurse's detailed teaching plan for prenatal instruction of a mother preparing for her first baby.

Individual evaluations of year's work. Summarized by three staff members.

General discussion as follows:

- Have our conferences been worth while?
- What have we gained?
- What have been our weakest points?
- What shall be our future policies?

Closing address by director of organization.

Business meeting—appointment of program committee for ensuing year. In the preparation of this program, the committee should keep in mind three definite objectives:

- 1. Education.
- 2. Inspiration.
- 3. Recreation.

Staff picnic.

The Brooklyn Visiting Nurse Association sends us this note in regard to staff conferences:

We rely mostly upon the old method of case conference revised in the modern case study conference with definite outline. The nurses present their own cases and the group takes part in the discussion. We have never found anything equally stimulating.

Here are some of the other topics discussed recently:

- Positive health suggestions for staff nurses.
- The nurse's part in controlling the death rate from gastro-intestinal diseases among infants.
- Nutrition problems in the home. How much nutrition teaching can a nurse accomplish in the routine of a busy day?
- The problem of the "not found" and "not at home" patients—the indifferent patient.
- Our co-operation with ambulance service of hospitals, midwives.
- Our responsibility in regard to the unlicensed practitioner.
- National and racial characteristics—national diets.
- How to teach in the homes.
- The menace of the patent medicine.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR MAY

- Cancer as We Know It..... Wm. H. Woglom, M.D.
- Tannic Acid Treatment for Burns..... Harriet Griffin, R.N.
- Vocational Guidance Kathleen M. Leahy, R.N.
- Emotional Disturbances Accompanying Syphilis..... Austin M. Cheever, M.D.
- The White House Conference.
- A 24-Hour Pediatric Time Study..... Louise White, R.N., and Margaret G. Napier, R.N.
- How to Write for Nursing Journals..... Donald Clark, Ph.D.
- Nursing Medical Patients: Problems with Diabetic Patients..... Mabel K. Wilson, R.N.
- Nurse and Social Worker..... Eleanor Slater
- Hospital Library and Service Bureau..... Charlotte Janes Garrison, R.N.
- Pasteur's Work with Rabies..... Lydia Evey, R.N.
- Nurse and Public: V. Paths to Understanding..... Virginia McCormick
- Some Specialists: Hazel Corbin.
- Department of Nursing Education
- This and That in Nursing Education and Practice. E. E. Cortright *
- Social Hygiene in Schools of Nursing.

* This paper is so valuable that it will appear also in "Modern Hospital."

(For a combination subscription rate of *THE PUBLIC HEALTH NURSE* and the *American Journal of Nursing*, see "Special Offers," page 88—back advertising section.)

Mental Hygiene Program Scranton Visiting Nurse Association

By KATHERINE BROWNELL
Mental Hygiene Supervisor, Scranton, Pa.

THE object of the mental hygiene program in the Scranton Visiting Nurse Association is to create a broader concept of health which gives attention to the healthy personality as well as to the healthy body. Mental hygiene is not associated with mental disease alone, but its goal is to achieve "maximum efficiency and greatest happiness, unhampered by habits and attitudes towards life, that lead to varying degrees of failure."

The energies of the mental hygiene supervisor have been directed primarily to educational work, in order that the nurse who holds a strategic position both for discovering the individuals who need assistance, and for teaching those who are teachable, may be prepared to disseminate mental health principles.

STAFF EDUCATION

Fifteen lectures of one hour each were given the entire staff. These periods provided a theoretical background in the general field of mental hygiene. The major topics included the scientific approach to mental hygiene problems; deviations from the normal mind; mental mechanisms and conflicts; individual differences, and a discussion of behavior as viewed by the various modern schools. The common problems of the preschool period, of adolescence, and the danger signals of the problem child were studied as a basis on which to build the backbone of the educational program, which is supplied by the case experience of the nurse herself. Two examinations on this material were passed by the staff with satisfying results. This course, condensed to a four hour institute, is given to new staff members and to student nurses during their three months' affiliation with this association.

Throughout the entire year the staff has been divided into three groups devoted to the study of cases selected from the nurses' own case load. Individual conferences have served not only to supervise the welfare of the patient concerned, but have provided first-hand material for teaching purposes. A mental hygiene library consisting of thirty-five books and numerous pamphlets has been selected and the reading of the individual nurse directed.

An expression of what the mental hygiene program has meant to the staff nurse can be summarized from her own statements:

"It has stimulated me to look for underlying causes; taught the close relationship between mental and physical illness; created a more tolerant attitude and greater patience; emphasized the recognition of early symptoms of maladjustment; and finally, been of personal cultural value and assistance in better self-understanding."

RELATION TO THE PHYSICIANS

A physician is consulted on all mental hygiene cases. Where there is a family physician, he is conferred with and no work continued without his sanction. All other cases are referred to clinics or volunteer private physicians; thus twenty-three complete physical examinations were secured through the nurses' efforts.

THE YEAR'S WORK

One hundred and thirty-one cases were carried during the year. A quantitative measure of mental hygiene work is never really possible or satisfactory, but we can summarize and review the cases. In no instance has intensive case work or the educational benefit to the nurse been sacrificed to the interest of the number of cases.

As might be expected in a new piece of work, the accumulated driftwood of

obvious maladjustments constituted the bulk of the earlier cases. This has now given way to more subtle problems as the nurse becomes keener in detecting difficulties. The interest in preventive work on the part of the nurse led to adopting a program of prophylaxis regarding the correct habits of eating, sleeping and elimination, which is presented to all maternity cases and mothers of babies carried as patients or for health supervision.

Twenty cases were carried directly by the mental hygiene supervisor for demonstration purposes or because of the complexity of the case requiring special intensive psychiatric case work. The mental hygiene supervisor endeavored to visit each case carried under her supervision and in many instances secured initial histories, concretely illustrating to the nurse this fundamental step in dealing with all mental hygiene problems.

Many of the one hundred and thirty-one cases presented more than a single problem; in each instance only the most outstanding symptom has been listed below:

Children

Mental Deficiency	30
Enuresis.....	14
Food Fads	9
Unmanageable at home.....	8
Speech Defect	7
Epileptic Personality	6
Nervous Instability	5
Encephalitic Behavior	5

Temper Tantrums	5
Masturbation.....	5
Organic Inferiority	4
Fears.....	3
Conduct at School	3
Marked Inferiority Feelings.....	3
Deaf.....	2
Chorea.....	2
Neurasthenia.....	1

Total Children 112

Adults (Over 21 Years)

Psychoneurotic	8
Neurasthenia.....	1
Mental Deficiency	1
Psychoses:	
Manic Depressive	4
Dementia Precox	3
Senile Dementia	2

Total Adults 19

Placement in Hospitals for Mental Disease.....	7
Placement in General Hospitals.....	7
Placement in other Institutions.....	6

PARENT EDUCATION

Education for parents is provided through the four mothers' clubs established in different sections of the city. A series of ten talks given by the mental hygiene supervisor covers the problems of normal children, emphasizing the correct development of habits, emotions and attitudes. The average attendance is twelve to fourteen. These groups are possible only if the mothers bring their young children; hence this preschool group is given an opportunity for constructive play, supervised by qualified volunteers.

A NEW SCHOLARSHIP

The Department of Biology and Public Health of the Massachusetts Institute of Technology in Cambridge announces a scholarship for public health nurses in Health Education to be awarded the next academic year. The scholarship will carry full tuition and is open to those wishing to prepare themselves for professional work in health education. The scholarship is to be awarded before the last day of July, 1930, upon the basis of previous academic record, professional accomplishment in the field of health education, need, and likelihood of future contribution to health education.

Those wishing to apply for this scholarship should send at once for application blanks to the General Director of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City. Applications close June 1. Candidates must be high school graduates. Special preference will be given to those who have had some college training in sciences, such as biology, physiology and bacteriology.

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

BIENNIAL CONVENTION

Needless to say many of the activities during April have centered around the preparation of the program for the Biennial Convention. Miss Miriam Ames has been loaned to the organization to act as Special Biennial Program Secretary, and has been busily at work completing the program. A special number of "Listening In" is being prepared to send to all of the corporate members of the N.O.P.H.N., outlining certain unusual features with which we are experimenting this year. In case any of you do not see this number we want briefly to call your attention to this fact. At this convention we are trying to answer some of the complaints which have been expressed after each Biennial: "There is no time for discussion. The meetings are too large. We want to get together with people who have the same problems. We don't want so many formal speeches."

This year there are going to be a great many round table meetings, divided according to different special interests with informal speeches and plenty of time for questions and answers. It is somewhat of a gamble as to whether this method can be successful. Its success depends primarily upon those who attend the meeting. So please come prepared to join in the discussion, to give others the benefit of your experience, thinking, and questions—and to keep within the time limit set by the chairman. It is your Convention—and particularly this year you will get out of it what you put into it.

SERVICE EVALUATION STUDY

How to compute the cost per visit is the particular problem which the Service Evaluation Committee hopes to answer following the present study of 24 visiting nurse organizations throughout the country. On the basis of the study, a new and revised edition of the "Report on Visiting Nursing" is to be published.

At the present moment, tabulations of the day sheets, kept over a sample period by every nurse in the 24 organizations, are being made under the direction of Dr. Dublin of the Metropolitan Life Insurance Company.

The publishing of the final report is made possible through the coöperation of the John Hancock Mutual Life Insurance Company. Miss Ann Doyle has been engaged by the N.O.P.H.N. to write the report, and is already at work reviewing the 1924 report and other related material.

It is hoped that a progress report of the study may be made at the Biennial, although the ultimate conclusions of the committee and the final printed report will not be available until later in the summer.

DEVELOPMENT OF RELATIONSHIPS WITH OTHER NATIONAL AGENCIES

The relating of the N.O.P.H.N. program to that of the other national health agencies is developing most satisfactorily. Now, in addition to the definite relationship with the National Tuberculosis Association and the American Social Hygiene Association, steps have been taken to relate more closely certain phases of the work of the National Society for the Prevention of Blindness and the American Child Health Association to the N.O.P.H.N. Both of these organizations have public health nurses on their staffs. Miss Mildred Smith of the National Society for the Prevention of Blindness and Miss Hortense Hilbert of the American Child Health Association are kept in touch with the policies and program of the N.O.P.H.N., in turn relating the N.O.P.H.N. to their own

particular work wherever this is possible. Whenever they are in the field, both Miss Smith and Miss Hilbert will be concerned not only with the services connected with their own organization but also will be interested in whatever concerns the program of the N.O.P.H.N. *

WHITE HOUSE CONFERENCE

Seemingly like the rest of the world, the N.O.P.H.N. and its staff are very much involved in the White House Conference on Child Health and Protection. All of the material which the organization has accumulated through its various studies is being made available to many of the committees, and in addition two members of the staff are serving on the committees themselves. While this activity unquestionably puts an additional burden on many, certainly there is a tremendous stimulus in participating in this country-wide concern for the health of the child. Equally certainly, a mass of material will be collected that should greatly influence our own programs and make them more effective.

MEETINGS AND TRIPS

The March blizzard in the Middle West found Miss Tucker in Chicago where she met with the Public Health Nursing Section of District No. 1. Although traffic was at a standstill, many braved the storm and certainly Miss Tucker enjoyed the adventure and the meeting. She also spoke at the New Jersey S.O.P.H.N. meeting.

Miss Deming attended the New England Health Institute in April and made a trip through New Hampshire and Maine in the interests of the magazine and the N.O.P.H.N.

The report of Miss Davis' western trip is appearing in the Board and Committee Members' Forum. Since her return she has attended two lay institutes in the East and met with various board member groups.

Doubtless most of our readers saw the industrial nursing issue of "Listening In" which was sent to all the industries coöperating in the industrial nursing study, as well as to our corporate members. Mrs. Hodgson continues to meet with industrial nursing groups and is making further contact with industrial health services in different communities. She has had conferences with directors of visiting nurse associations as to the possibility of extending their services to small plants.

GOOD NEWS

We are glad to announce to our readers that the standard record forms approved by the N.O.P.H.N. Records Committee are now available at a considerably reduced cost. Organizations that have not been using Mead and Wheeler records will do well to consult the new price list before placing their next order. Write for the new scale of prices to Mead and Wheeler, 1022 South Wabash Avenue, Chicago, Illinois.

VOTING

All members with current dues paid and all delegates will be entitled to vote by mail or in person for the election of officers, directors, and members of the nominating committee. Ballots with full instructions for voting will be sent you within the next two weeks. We urge you to vote by mail, rather than in person, for your own convenience as well as to facilitate the work of the registrar.

The N.O.P.H.N. Biennial Program Committee wishes to thank all those who have sent in suggestions for topics for the Biennial meetings. It has not been possible to acknowledge all the letters individually, but the Committee's gratitude is none the less great.

AN OMISSION

In the biographies of candidates published in our April issue the fact that Miss Marion M. Rice is a graduate of Smith College was inadvertently omitted.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING—

	Monday, June 9	Tuesday, June 10
9:00-10:45	N.L.N.E. Business Meeting Open meeting	Joint General Meeting <i>General Legislation</i> —Anna C. Jammé, Director at Headquarters, California State Nurses Association <i>Public Health Nursing Legislation</i> —Pearl McIver, Director of Public Health Nursing, State Department of Health, Missouri <i>Effect of Legislation on Schools of Nursing</i> —Adda Eldredge, Director, Bureau of Nursing Education, Wisconsin
11:00-12:45	N.O.P.H.N. Business Meeting Open meeting	Joint General Meeting <i>Nursing the Community</i> <i>Cost of Nursing Service in the Hospital</i> —Robert E. Neff, Administrator, University Hospitals, State University of Iowa <i>Group Nursing</i> —Irene English, Director Kahler School of Nursing, Rochester, Minn. <i>Hourly Nursing from the V.N.A. Viewpoint</i> —Ruth Hubbard, R.N., Director, Visiting Nurse Society, Philadelphia <i>Hourly Nursing from Registry Viewpoint</i> —Lyda Anderson, R.N., Executive Secretary District No. 1, Mich. State Nurses Ass'n <i>Organization of Community Nursing Resources</i> —Josephine Smith, Executive Secretary, Central Committee on Nursing, Cleveland, O.
Luncheon 1:00-2:30		N.O.P.H.N. Section Luncheons for Transaction of Business Board and Committee Members Section, Presiding, Mrs. Whitman Cross, Washington, D. C. Tuberculosis Nursing Section, Presiding, Margaret M. Hughes, Chicago, Illinois School Nursing Section, Presiding, Ann Dickie Boyd, Denver, Colo.
2:30-4:45	A.N.A. Business Meeting Open meeting	N.O.P.H.N.—General Session <i>Administration</i> —E. L. Bishop, M.D., C.P.H. Commissioner of Public Health, State Department of Health, Tennessee <i>Vital Statistics</i> —T. F. Murphy, M.D., Chief Statistician, Bureau of Census, Dept. of Commerce, Washington, D.C. <i>The Laboratory</i> —C. C. Young, D.P.H. Director of Laboratories, State Department of Health, Michigan <i>Sanitary Engineering</i> —F. Gardner Legg, Sanitary Engineer, City Department of Health, Detroit
5:00-6:00	Round Table <i>Maternity Service</i> Tea for Board and Committee Members— Hotel Pfister	Round Table—S.O.P.H.N. Officers Round Table— <i>Orthopedics</i> Round Table, Editorial Conference—Closed meeting Tea for Board and Committee Members— Hotel Pfister Demonstration: <i>Vision Testing</i> —Mildred G. Smith, National Society for Prevention of Blindness, Auditorium
Dinner 6:30-8:30		
8:30	Opening Joint General Session—Welcome and greetings from officials Address: <i>Durable Satisfactions of the Nurse's Career</i> —Glenn Frank, President, University of Wisconsin	Joint General Session <i>Medical Cost and Nurse Distribution</i> <i>Cost of Medical Care</i> <i>Distribution of Nursing Service</i> —May Ayres Burgess, Ph.D., Director, Committee on the Grading of Nursing Schools

BIENNIAL CONVENTION PROGRAM—Milwaukee, Wis., June 9-14, 1930

Wednesday, June 11	Thursday, June 12	Friday, June 13	Saturday, June 14
<p>Round Tables* — Administrative Problems</p> <ol style="list-style-type: none"> 1. Presiding, Jessie L. Marriner, Montgomery, Alabama 2. Presiding, Elsbeth H. Vaughn, American Red Cross 3. Mabel Dunlap, Moline, Ill. 4. Naomi Deutsch, San Francisco, Cal. <p>Special subjects at each round table, selected speakers, general discussion</p>	<p>Round Tables*—Communicable Disease Control</p> <ol style="list-style-type: none"> 1. Presiding, Helen Hartley, Stockton, Cal. 2. Presiding: (to be announced) 3. Presiding, Ann M. Hellner, Saginaw, Mich. 4. Presiding, Amelia Grant, New York, N. Y. <p>Special subjects at each round table, selected speakers, general discussion</p>	<p>N.O.P.H.N. General Session</p> <p>School Health — Charles H. Keene, M.D., Professor of Hygiene, University of Buffalo, N.Y.</p> <p>Health Education — Adelbert A. Thomas, Associate School Service, Cleanliness Institute, New York, N. Y.</p>	
<p>Special Round Tables</p> <p>State Directors of Public Health Nursing — Closed Session</p> <p>Directors, Post Graduate Courses in Public Health Nursing — Closed Session</p> <p>Non-official Health Agency Problems — Presiding, Winifred L. Fitzpatrick, Providence, R. I.</p> <p>Official Agency Problems — Presiding, Grace Ross, Detroit</p>	<p>Special Round Tables</p> <p>Executive Directors — Presiding, Harriet Leck, Hartford, Conn.</p> <p>Supervisors — Presiding, Sue Z. McCracken, Cleveland, O.</p> <p>Staff Nurses — Presiding, Mabel Moodie, Pittsburgh, Pa.</p> <p>Board and Committee Members — Presiding, Grace Frost, Toledo, O.</p> <p>Industrial Nurses — Presiding Ruth Waterbury, Metropolitan Life Insurance Co.</p>	<p>N. O. P. H. N. Business Meeting</p> <p>Open Meeting</p>	
	<p>Luncheons</p> <p>Board and Committee Members — N.O.P.H.N. Industrial Nursing Section</p>		
<p>N.O.P.H.N. General Session</p> <p>Communicable Disease Control — John J. Sippy, M.D., District Health Officer, San Joaquin Local Health District, Cal.</p> <p>Tuberculosis — J. A. Meyers, M.D., University of Minnesota</p> <p>Veneral Diseases — Thomas Parrott, Jr., M.D., Commissioner of State Department of Health, New York</p>	<p>N.O.P.H.N. General Session</p> <p>Industrial Health — William A. Sawyer, M.D., Medical Director, Eastman Kodak Co., Rochester, N. Y.</p> <p>Mental Health — E. L. Lewis, M.D., Director, Division of Mental Health, Department of Public Health, Toronto, Canada</p> <p>Maternity, Infancy and Pre-school Health — Richard A. Bolt, M.D., Director, Cleveland Child Health Association, Cleveland, O.</p>	<p>A.N.A Business Meeting</p> <p>Open Meeting</p>	
<p>Round Table — Service Evaluation Committee Study — <i>Cost of Nursing Service</i></p> <p>Round Table — School Nursing Section</p> <p>Tea for Board and Committee Members, Hotel Pfister</p> <p>Demonstration: Vision Testing — As on Tuesday</p>	<p>Round Table — <i>Mental Hygiene</i> — Presiding, Florence M. Patterson, Boston, Mass.</p> <p>Tea for Board and Committee Members — Hotel Pfister</p> <p>Demonstration: Vision Testing — As on Tuesday</p>		
<p>Dinner for Board and Committee Members, Milwaukee Country Club</p> <p>Presiding, Mrs. Polly Marriner Donnelly, Milwaukee</p> <p>State Dinners</p>	<p>Dinner Period</p>		
<p>Entertainment for Convention Guests, by the Milwaukee Nurses</p>			
<p>* Round Tables are divided according to population as follows: 1. Rural and County, 2. Under 50,000, 3. 50,000 — 200,000, 4. Over 200,000.</p>	<p>Joint General Session</p> <p>Newer Conceptions in Education — Clarence Stone Yokum, Dean, College of Liberal Arts, Northwestern University</p> <p>Applications to Nursing Education — Stella Goostrey, R.N., Director, School of Nursing, Children's Hospital, Boston, and Adviser to Joint Committee on Educational Policies.</p>		

Salaries of Public Health Nurses

By LOUISE M. TATTERSHALL

Statistician, National Organization for Public Health Nursing

This is the sixth yearly study of salaries of public health nurses

THIS year information on salaries paid public health nurses has been received from 76 health departments, 126 boards of education, and 90 public health nursing associations. Two or more nurses are employed by all the agencies except 36 boards of education, which employ but one nurse each.

HEALTH DEPARTMENTS AND PUBLIC HEALTH NURSING ASSOCIATIONS

The usual tables are published giving the monthly salaries, tabulated to the nearest \$5.00, paid to nurses holding various positions and the number receiving the salary in agencies employing two or more nurses and in cities of different populations or districts.

The median monthly salaries paid to directors or chief nurses, to supervisors (special supervisors included) and to field nurses in agencies located in cities of certain populations and in agencies employing a certain number of nurses are given in Table 1.

TABLE 1. MEDIAN MONTHLY SALARIES PAID BY HEALTH DEPARTMENTS AND BY PUBLIC HEALTH NURSING ASSOCIATIONS, CLASSIFIED BY POSITION OF NURSE, POPULATION GROUP AND NUMBER OF NURSES EMPLOYED

January 31, 1930						
	Directors		Supervisors		Field Nurses	
	Health Depts.	P. H. N. Assns.	Health Depts.	P. H. N. Assns.	Health Depts.	P. H. N. Assns.
All agencies		\$225		\$170		\$140
For group	\$190	\$250	\$190	\$165	\$150	\$135
Population group						
Cities of						
700,000 or more	265*	415	190	175	160	140
200,000 to 700,000.....	190	290	160	160	150	130
100,000 to 200,000.....	175	250	160	160	125	130
50,000 to 100,000.....	†	210	†	165	130	130
25,000 to 50,000.....	†	225*	†	150*	135	130
Less than 25,000.....	†	†	†	†	135	135
Number of nurses employed						
50 or more.....	250	375	190	175	160	140
25 to 49.....	185*	290	†	165	125	130
10 to 24.....	175	240	†	150	130	130
2 to 9.....	175	225	†	150	130	130

* Based on less than 10 cases.

† Insufficient number of cases.

Comparing the salaries paid to public health nurses in 1930 with those paid in 1929, we find the following increases in the median monthly salaries:

	All agencies	Health Depts.	P. H. N. Assns.
Director.....	\$15	None	None
Supervisors.....	5	\$15	\$5
Field nurses.....	5	10	5

SCHOOL NURSES

The report on salaries paid school nurses includes salaries paid by boards of education and by boards of health, to nurses employed for full-time school nursing. The salaries paid by boards of education only to chief or supervising nurses are given in Table 6, as in boards of health school nurses are under the chief or supervising nurse of the general division of public health nursing.

The median yearly salary paid by boards of education to chief or supervising nurses is \$2,280. In 1929 the median yearly salary was \$2,140.

Table 2 gives the median yearly salaries paid by both health departments and boards of education to field nurses giving full time to school nursing. The median yearly salary of \$1,800 for 1930 is \$30 more than that for 1929.

TABLE 2. MEDIAN YEARLY SALARIES PAID BY BOARDS OF EDUCATION AND BY BOARDS OF HEALTH TO FIELD NURSES ENGAGED IN SCHOOL NURSING CLASSIFIED BY POPULATION GROUP

January 31, 1930

Population group	Median Yearly Salary
All cities.....	\$1,800
700,000 or more.....	1,940
200,000 to 700,000.....	1,700
100,000 to 200,000.....	1,540
50,090 to 100,000.....	1,610
25,000 to 50,000.....	1,600
Less than 25,000.....	1,680

THE ADDITIONAL TABLES WILL BE FOUND IN DETAIL
ON THE FOLLOWING PAGES

TABLE 3. SALARIES PAID IN SELECTED PUBLIC HEALTH NURSING ASSOCIATIONS CLASSIFIED BY POPULATION GROUP AND BY NUMBER OF FULL-TIME GRADUATE NURSES EMPLOYED.*

January 31, 1930

Salaries tabulated to nearest \$5.00

1. Salaries Paid Directors

Monthly salary groups	Cities of 700,000 or more										Cities of 200,000 to 700,000										Cities of 100,000 to 200,000										Cities of 50,000 to 100,000										Cities of less than 25,000									
	No. receiving specified salary in associations with 50 or more					No. receiving specified salary in associations with 25-49					No. receiving specified salary in associations with 10-24					No. receiving specified salary in associations with 25-49					No. receiving specified salary in associations with 10-24					No. receiving specified salary in associations with 25-49					No. receiving specified salary in associations with 10-24					No. receiving specified salary in associations with 25-49					No. receiving specified salary in associations with 10-24									
	Total	11	8	2	1	17	4	7	4	2	21	2	7	11	1	18	1	9	8	3	5	6	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1							
Total	81	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
\$460	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
415	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
375	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
335	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
300	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
290	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
280	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
275	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
260	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
250	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
240	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
235	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
230	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
225	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
220	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
215	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
210	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
200	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
190	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
180	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
175	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
165	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
Total	43	12	8	4	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
\$335	300	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
290	275	270	265	260	255	250	235	225	220	215	210	200	185	175	165	155	145	135	125	115	105	95	85	75	65	55	45	35	25	15	10	5	3	1	1	1	1	1	1	1	1	1								

* Population grouping 1930 census.

3. Salaries Paid Supervisors															4. Salaries Paid Supervisors														
175	1														1	1													
170	1														1	1													
165	5														1	1													
160	1														1	1													
150	1														1	1													
145	1														1	1													
140	1														1	1													
															1	1													
Total	99	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Total	8356	296	270	265	250	240	230	225	215	210	200	195	190	185	180	175	170	165	160	155	150	145	140	135	130	125	120		
Total	2081	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Total	6290	260	250	255	250	245	240	235	230	225	220	215	210	205	200	195	190	185	180	175	170	165	160	155	150	145	140	135	125

Monthly salary groups	Cities of 700,000 or more				Cities of 200,000 to 700,000				Cities of 100,000 to 200,000				Cities of 50,000 to 100,000				Cities of 25,000 to 50,000				Cities of less than 25,000				
	No. receiving specified salary in associations with 50 or more				No. receiving specified salary in associations with 50 or more				No. receiving specified salary in associations with 50 or more				No. receiving specified salary in associations with 50 or more				No. receiving specified salary in associations with 50 or more				No. receiving specified salary in associations with 50 or more				
	Total of all groups	Total nurses	nurses	nurses	Total nurses	nurses	nurses	nurses																	
\$180	2,298	922	813	96	13	594	296	195	88	15	493	97	197	194	5	194	31	119	44	71	32	39	24	8	16
175	16	16	14	12	2	1	1
170	1	1	1	1	1
165	58	56	56	56	56
160	91	66	51	15	15	13	13	13	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
155	38	36	30	6	6	26	15	3	7	1	12	1	2	7	2	2	10	3	7	9	5	4	1	1	
150	226	168	144	24	3	21	13	1	1	12	15	4	1	1	1	1	1	1	1	1	1	1	1	1	
145	111	71	71	88	4	62	42	11	7	2	35	11	19	3	2	2	20	17	3	4	2	2	3	3	
140	219	190	176	12	2	74	50	6	15	3	54	6	32	15	1	1	25	18	7	14	4	10	6	2	
135	363	281	64	56	3	122	53	47	17	4	70	26	28	16	1	1	13	13	8	14	7	1	4	3	
130	469	112	92	17	3	144	53	64	23	4	147	10	60	77	1	1	50	7	26	17	14	9	5	2	
125	120	123	16	16	7	41	27	8	5	1	49	10	20	19	1	1	9	5	4	3	1	4	3		
120	109	15	8	7	7	48	25	20	3	27	3	13	11	13	1	1	8	3	2	6	3	6	3		
115	97	16	10	6	6	20	7	10	3	43	12	8	23	11	1	1	15	12	3	12	3	3	3		
110	106	22	10	10	6	4	2	2	14	3	11	2	1	1	1	1	1	1	1	1	1	1	1		
105	100	49	10	10	6	17	6	10	1	27	18	1	8	5	1	1	5	5	1	1	1	1	1		
100	95	2	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
95	90	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
85	85	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
80	80	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
75	75	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		

TABLE 4. SALARIES PAID BY PUBLIC HEALTH NURSING ASSOCIATIONS SERVING COUNTIES OR GROUPS OF TOWNSHIPS

1. Salaries paid Directors

No. receiving
specified salary in
associations with
10-24

Monthly
salary
Total
\$335
300
290
222
160

...

...

...

...

...

...

2. Salaries paid Field Nurses

No. receiving
specified salary in
associations with
10-24

Monthly
salary
Total
\$175
170
165
160
150

...

...

...

...

...

...

3. Salaries paid Field Nurses

No. receiving
specified salary in
associations with
10-24

Monthly
salary
Total
\$135
130
125
110
105
100

...

...

...

...

...

...

TABLE 5. SALARIES PAID IN SELECTED HEALTH DEPARTMENTS CLASSIFIED BY POPULATION GROUP AND NUMBER OF FULL-TIME GRADUATE NURSES EMPLOYED.

January 31, 1930

Salears tabulated to nearest \$5.00

1. Salaries Paid Directors, Superintendents, Supervising or Chief Nurse of Division of Public Health Nursing

Total		1. Salaries		2. Salaries Paid Special Supervisors	
		Monthly salary Total	No. receiving specified salary in health departments with more nurses	10-24 nurses	2-9 nurses
Cities of 700,000 or More					
Total	55	1	1	1	1
\$540.					
300.	1	1	1	1	1
285.	1	1	1	1	1
275.	2	1	1	1	1
260.	2	1	1	1	1
250.	1	1	1	1	1
235.	1	1	1	1	1
230.	1	1	1	1	1
225.	3	1	1	1	1
225.	1	1	1	1	1
210.	2	1	1	1	1
200.	7	4	3	2	2
190.	7	4	3	2	2
185.	3	1	1	1	1
175.	8	4	3	1	1
170.	1	1	1	1	1
165.	4	1	1	1	1
160.	3	1	1	1	1
150.	4	1	1	1	1
140.	1	1	1	1	1
135.	1	1	1	1	1
130.	2	1	1	1	1
125.	1	1	1	1	1
Total	18	10	3	5	8
Cities of 200,000 to 700,000					
Total	18	5	3	9	6
\$540.					
300.	1	1	1	1	1
285.	1	1	1	1	1
275.	2	1	1	1	1
260.	2	1	1	1	1
250.	1	1	1	1	1
235.	1	1	1	1	1
230.	1	1	1	1	1
225.	3	1	1	1	1
225.	1	1	1	1	1
210.	2	1	1	1	1
200.	7	4	3	2	2
190.	7	4	3	2	2
185.	3	1	1	1	1
175.	8	4	3	1	1
170.	1	1	1	1	1
165.	4	1	1	1	1
160.	3	1	1	1	1
150.	4	1	1	1	1
140.	1	1	1	1	1
135.	1	1	1	1	1
130.	2	1	1	1	1
125.	1	1	1	1	1
Total	13	13	5	8	6
Cities of 50,000 to 100,000					
Total	9	6	3	6	3
\$540.					
300.	1	1	1	1	1
285.	1	1	1	1	1
275.	2	1	1	1	1
260.	2	1	1	1	1
250.	1	1	1	1	1
235.	1	1	1	1	1
230.	1	1	1	1	1
225.	3	1	1	1	1
225.	1	1	1	1	1
210.	2	1	1	1	1
200.	7	4	3	2	2
190.	7	4	3	2	2
185.	3	1	1	1	1
175.	8	4	3	1	1
170.	1	1	1	1	1
165.	4	1	1	1	1
160.	3	1	1	1	1
150.	4	1	1	1	1
140.	1	1	1	1	1
135.	1	1	1	1	1
130.	2	1	1	1	1
125.	1	1	1	1	1
Total	6	4	2	3	2
Cities of 50,000 to 250,000					
Total	6	3	3	6	3
\$540.					
300.	1	1	1	1	1
285.	1	1	1	1	1
275.	2	1	1	1	1
260.	2	1	1	1	1
250.	1	1	1	1	1
235.	1	1	1	1	1
230.	1	1	1	1	1
225.	3	1	1	1	1
225.	1	1	1	1	1
210.	2	1	1	1	1
200.	7	4	3	2	2
190.	7	4	3	2	2
185.	3	1	1	1	1
175.	8	4	3	1	1
170.	1	1	1	1	1
165.	4	1	1	1	1
160.	3	1	1	1	1
150.	4	1	1	1	1
140.	1	1	1	1	1
135.	1	1	1	1	1
130.	2	1	1	1	1
125.	1	1	1	1	1
Total	5	3	2	3	2
Cities of 25,000 to 50,000					
Total	3	3	3	3	3
\$540.					
300.	1	1	1	1	1
285.	1	1	1	1	1
275.	2	1	1	1	1
260.	2	1	1	1	1
250.	1	1	1	1	1
235.	1	1	1	1	1
230.	1	1	1	1	1
225.	3	1	1	1	1
225.	1	1	1	1	1
210.	2	1	1	1	1
200.	7	4	3	2	2
190.	7	4	3	2	2
185.	3	1	1	1	1
175.	8	4	3	1	1
170.	1	1	1	1	1
165.	4	1	1	1	1
160.	3	1	1	1	1
150.	4	1	1	1	1
140.	1	1	1	1	1
135.	1	1	1	1	1
130.	2	1	1	1	1
125.	1	1	1	1	1
Total	2	2	2	2	2
Total	18	10	3	5	8

THE PUBLIC HEALTH NURSE

Monthly salary	Total for all groups	Cities of 700,000 or More			Cities of 200,000 to 700,000			Cities of 100,000 to 200,000			Cities of 50,000 to 100,000			Cities of 25,000 to 50,000			Cities of less than 25,000				
		No. receiving specified salary in health departments with 50 or more nurses	Total nurses	Field Supervisors	No. receiving specified salary in health departments with 50 or more nurses	Total nurses	Field Supervisors	No. receiving specified salary in health departments with 25-49	Total nurses	Field Supervisors	No. receiving specified salary in health departments with 10-24	Total nurses	Field Supervisors	No. receiving specified salary in health departments with 10-24	Total nurses	Field Supervisors	No. receiving specified salary in health departments with 10-24	Total nurses	Field Supervisors		
Total	130	111	12	10	2	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
\$210	8	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
200	8	8	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
190	59	57	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
180	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
175	12	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
165	4	13	5	5	5	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
160	17	17	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
155	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
150	10	10	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
145	6	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
140	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
120	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Salaries Paid Field Supervisors																					
Total	1,479	533	223	160	142	8	307	143	126	38	129	89	40	79	38	41	..	..	..	..
\$175	126	43	..	..	..	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
170	297	79	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	406	329	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160	91	33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155	175	164	8	8	8	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	196	46	80	54	6	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	216	200	8	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140	138	52	51	43	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	187	82	33	6	10	17	27	7	19	1	24	1	1	1	1	1	1	1	1	1	
130	147	68	28	2	15	3	8	27	1	22	4	25	9	6	9	4	5	4	4	4	
125	133	32	10	7	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
120	91	16	29	17	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	96	13	15	1	7	17	33	19	18	1	4	2	2	2	2	2	2	2	2	2	
110	154	68	57	47	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	127	..	21	..	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
100	38	..	15	1	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
95	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
90	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
85	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2,547	533	223	160	142	8	307	143	126	38	129	89	40	79	38	41	..	..	..	..
4. Salaries Paid Field Nurses																					
Total	1,479	533	223	160	142	8	307	143	126	38	129	89	40	79	38	41	..	..	..	..
\$175	126	43	..	..	..	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
170	297	79	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	406	329	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160	91	33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155	175	164	8	8	8	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	196	46	80	54	6	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	216	200	8	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140	138	52	51	43	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	187	82	33	6	10	17	27	7	19	1	24	1	1	1	1	1	1	1	1	1	
130	147	68	28	2	15	3	8	27	1	22	4	25	9	6	9	4	5	4	4	4	
125	133	32	10	7	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
120	91	16	29	17	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	96	13	15	1	7	17	33	19	18	1	4	2	2	2	2	2	2	2	2	2	
110	154	68	57	47	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	127	..	21	..	21	
100	38	..	15	1	14	
95	5	
90	17	
85	2	
80	1	

*Population grouping 1920 census.

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TABLE 6. SALARIES PAID CHIEF OR SUPERVISING NURSE BY SELECTED BOARDS OF EDUCATION, CLASSIFIED BY NUMBER OF FULL TIME GRADUATE NURSES EMPLOYED FOR SCHOOL NURSING

January 31, 1930

Number receiving specified salary under boards of education with

Yearly Salary	Total	50 or more nurses	25-49 nurses	10-24 nurses	6-9 nurses	2-5 nurses
Total.....	39	1	1	1	2	15
\$4,250.....	1	1	1	1	1	1
4,000.....	1	1	1	1	1	1
3,360.....	1	1	1	1	1	1
3,200.....	1	1	1	1	1	1
3,100 to 3,199.....	2	1	1	1	1	1
2,800 to 2,899.....	1	1	1	1	1	1
2,700 to 2,799.....	1	1	1	1	1	1
2,600 to 2,699.....	1	1	1	1	1	1
2,500 to 2,599.....	3	1	1	1	1	1
2,400 to 2,499.....	3	1	1	1	1	1
2,200 to 2,299.....	4	1	1	1	1	1
2,100 to 2,199.....	2	1	1	1	1	1
2,000 to 2,099.....	8	1	1	1	1	1
1,900 to 1,999.....	4	1	1	1	1	1
1,800 to 1,899.....	3	1	1	1	1	1
1,700 to 1,799.....	1	1	1	1	1	1
1,600 to 1,699.....	2	1	1	1	1	1

TABLE 7. SALARIES PAID FIELD NURSES ENGAGED IN SCHOOL NURSING BY SELECTED BOARDS OF EDUCATION AND BY SELECTED BOARDS OF HEALTH, CLASSIFIED BY POPULATION GROUP [†]

January 31, 1930

Number receiving specified salary under boards of education and boards of health in cities of

Yearly Salary	700,000 or more			200,000 to 500,000			100,000 to 200,000			50,000 to 100,000			25,000 to 50,000			Less than 25,000		
	Total			B.E.			B.E.			B.H.			Total			B.E.		
	811	237	574	517	312	205	207	133	74	231	211	20	81	72	9	51	48	3
Total.....	1,898	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
\$2,600.....	26	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
2,400 to \$2,499.....	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2,300 to 2,399.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2,200 to 2,299.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2,100 to 2,199.....	113	68	68	68	68	68	60	60	60	32	32	32	10	10	8	11	11	15
2,000 to 2,099.....	273	186	186	186	186	186	162	162	162	46	46	46	7	7	8	3	3	6
1,900 to 1,999.....	378	215	215	215	215	215	152	152	152	85	85	85	9	9	9	13	13	16
1,800 to 1,899.....	137	51	51	51	51	51	48	48	48	32	32	32	14	14	19	19	19	14
1,700 to 1,799.....	290	158	158	158	158	158	120	120	120	75	75	75	11	11	11	29	29	8
1,600 to 1,699.....	206	46	46	46	46	46	22	22	22	81	81	81	15	15	15	28	28	8
1,500 to 1,599.....	154	27	19	19	19	19	27	19	19	43	43	43	12	12	12	37	37	2
1,400 to 1,499.....	106	21	21	21	21	21	12	12	12	18	18	18	10	10	10	21	21	1
1,300 to 1,399.....	91	12	12	12	12	12	12	12	12	18	18	18	3	3	3	15	15	7
1,200 to 1,299.....	76	5	5	5	5	5	5	5	5	31	31	31	1	1	1	16	16	4
1,100 to 1,199.....	14	4	4	4	4	4	4	4	4	1	1	1	1	1	1	2	2	2
1,000 to 1,099.....	17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
900 to 999.....	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

[†]Population grouping 1920 census.

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

CHICAGO INSTITUTE FOR LAY BOARDS OF HOSPITALS AND PUBLIC HEALTH NURSING ORGANIZATIONS

Under the auspices of the Central Council for Nursing Education

The Chicago Institute for Lay Boards of Hospitals and Public Health Nursing Organizations, under the auspices of the Central Council for Nursing Education had a very well arranged and interesting program, with a large attendance of lay people as well as professional.

The emphasis of the Institute was on nursing education. Dr. Haven Emerson brought out the importance of the public health nurse in the field of health, but showed that we are still in the beginning stages of an adequate program. The need for nursing education to be education rather than training in a hospital was emphasized by all speakers. The school of nursing should be a part of a university program and the student nurse should have not only training in the hospital, but also experience in the field so that she may know the family, and community problems affecting the individual patient.

The program was as follows:

Morning Session—Mrs. David Wilson Graham, Second Vice-Chairman, Central Council for Nursing Education, Presiding.

Education of Nurse from Point of View of Public Health Nursing—Miss Edna L. Foley, Chicago.

Value of Experience in Hospital Social Service to Student Nurse—Miss Ruth Emerson, University of Chicago.

Public Health Nursing—Indispensable and Economical for Everyone if Organized—Haven Emerson, M.D.

Discussion.

Luncheon Meeting—Mrs. James A. Patten, Presiding.

Nursing Education—Willard C. Rappeleye, M.D., New Haven, Conn.

Afternoon Session—Mrs. Ernest E. Irons, Presiding.

Proper Support of Nursing Education—Mr. Edwin R. Embree, Julius Rosenwald Fund, Chicago.

The University and Nursing Education—Clarence Stone Yoakum, Northwestern University, Ill.

Symposium: Economics of Nursing Education and Nursing Service, Point of View of the Administrator of the Hospital—Mr. Paul H. Fesler, Superintendent, University Hospital, Minneapolis.

From the Point of View of Administrator of School of Nursing—Miss Laura R. Logan, Dean, Cook County Hospital School of Nursing.

Dinner Meeting

Speaker: President Robert Maynard Hutchins, University of Chicago.

MEETING OF PUBLIC HEALTH NURSING COMMITTEE

State Organization for Public Health Nursing, Beaumont, Texas

May, 1930

Greeting—Mayor of Beaumont.

Response—Mrs. J. L. Brock.

Greeting—Local Nursing Committee Chairman.

Response—Miss Katherine Hagquist, State Department of Health.

The Responsibility of the Board Member—Mrs. A. H. Flickwir.

Discussion.

The Need for Publicity and Best Methods—Miss Virginia Kelly.

Discussion.

Planning for a Public Health Nursing Program in Relation to Community Needs—Mrs. Roy Thompson.

Discussion.

IMPRESSIONS OF MY RECENT FIELD TRIP

The opportunity to see at first hand the work that is being done in a few cities and counties in Iowa, Indiana, Wisconsin and Ohio has been of great value. The interest shown in the Board Members' Section of the N.O.P.H.N. and the delightful way I was received every place I went, were very gratifying.

I have come back more and more impressed with the contribution the board and committee member can make in this program. It means everything to the nurse, whether in a large city association or working alone in the rural district, to have a well informed committee behind her, ready to be her partner in assisting her to provide adequate public health nursing service to the community.

Some of the problems which seemed quite general and which we discussed from many angles are the following:

BOARD EDUCATION

A few associations have education committees which are very active and doing a good piece of work. Many had not done anything definitely as yet and we discussed such plans as reading lists, demonstrations of the nursing services, observation trips to office and health centers, working out a leaflet "What Every Board Member Should Know," etc. A plan for introducing the new board member to the work was enthusiastically discussed as many felt it had taken them personally months to know just what the association was doing—even if they knew at the present moment. Out of that grew a discussion of a question box in the office for board members to drop in questions, from time to time, which would be discussed by the nurse or some board member at meetings. People are often shy about asking questions even though they are not at all clear about the work, and the question box would eliminate all embarrassment.

This question of being well informed in order to fulfill our responsibility is being discussed in an advisory educational committee at headquarters and will be a subject for a Round Table at the Biennial.

USE OF VOLUNTEERS

Many organizations are using volunteers quite extensively and effectively. The Junior League in several places was giving excellent service and where the public health nursing association had turned over definite tasks to the Junior League the results were best. As one young member said, she loved doing volunteer work when she could see results. The Parent-Teacher groups in each township in one county were serving as the nursing committee for the county nurse. The Women's Clubs in other places were making health studies and helping the county nurse by having one of their members the lay member of the County Health Committee.

PUBLICITY

This subject was of primary consideration in many places and questions were raised about annual reports, drives, window displays, good slogans, educating the community about the services, etc. One of the most important tasks of the board member is to get good publicity. A regular column in the newspaper, if possible; talks before groups, dodgers in telephone or electric bills; posters in street cars; good window displays, not only at the time of a drive but at different times during the year, were some of the methods effectively carried out in several associations. The public must be informed in order to use the services and to support the organization. This question is also to be discussed at the Biennial and it is hoped to have a discussion of good publicity in later issues in the Forum.

The trip was most satisfactory. I feel that the local problems are now more real to me and I hope, in like manner, I was able to bring the N.O.P.H.N. in closer touch with the associations which I had the pleasure of visiting.

*Evelyn K. Davis, Secretary for the N.O.P.H.N.
Board and Committee Members' Section.*

BIENNIAL NEWS

Interest in the Biennial Convention is growing all the time. Already many associations have written in about sending board member delegates and many more board members are planning to come "on their own."

Miss Davis met Mrs. Polly Marriner Donnelly, president of the Visiting Nurse Association of Milwaukee and chairman of the local Lay Committee, and heard about the arrangements for making the stay of the visiting delegates in Milwaukee delightful as well as profitable. The local committee is to be hostess at the informal teas every afternoon at the Pfister Hotel where an opportunity will be arranged for members to meet each other informally and discuss mutual problems. The Visiting Nurse Association is also to keep open house several afternoons and arrangements are being made for a dinner at the new Milwaukee Country Club on Wednesday evening. Both at the information and registration desk in the auditorium representatives will be stationed the first two days to answer the many questions.

Board members will be especially interested in these meetings at the Biennial Convention:

Tuesday, June 10, Luncheon Meeting—Mrs. Whitman Cross, Washington, D. C., presiding. Report of the year's work of the section and plans for the future.

Wednesday evening, dinner for Board and Committee Members, Milwaukee Country Club—Mrs. Polly Marriner Donnelly, Milwaukee, presiding. Address on "The Citizen's Responsibility for Community Health," Mr. Michael Davis.

Thursday, June 12, 11:00 A.M. Round Table for Board and Committee Members—Miss Grace Frost, President District Nurse Association, Toledo, Ohio, presiding. Subject for discussion: "Relation of Public Health Nursing under private auspices to (a) the official health program, (b) medical profession, (c) social agencies, (d) relation of board to staff."

Thursday, June 12, 1:00, Luncheon Meeting—Mrs. Frederick M. Alger, Detroit Visiting Nurse Association, presiding. Subjects for discussion: Publicity and Board Education.

It is hoped that many board members will participate in the general N.O.P.H.N. Round Table discussions. An effort is being made to secure formal board representation at these sessions.

The complete program for the Biennial is found on pages 252-253 of the magazine.

CONNECTICUT BOARD MEMBERS

The position of the Board Members of the Connecticut Public Health Nursing Associations has undergone several changes which may prove of interest to Board Members in general. In May, 1919, we were called the Lay Members' Section of the Connecticut Organization for Public Health Nursing. Later it was decided that the term Lay Members was rather indefinite so we became the Directors' Section of the Connecticut Organization for Public Health Nursing. In 1926 the nurses made a change which necessitated a change for the directors. The three nursing associations of the State amalgamated so as to become the Graduate Nurses' Association of Connecticut, which included, as Sections, the League of Nursing Education and the Public Health Nursing Section. The Board Members became the Board Members' Division of the latter Section. This was made possible by a provision in the by-laws of the Graduate Nurses' Association, which stated that "Each section may make rules for its government and provide for a non-nurse membership provided these shall in no way conflict with the by-laws of the Graduate Nurses' Association of Connecticut."

But—and here's the rub—this did not conform with the constitution of the

American Nurses' Association, the professional nurses' association which embraces all registered nurses in the United States, and so the American Nurses' Association made a protest. The lawyer advising the American Nurses' Association made it clear that non-professional members could not be members of a professional association and that no child association (as the Connecticut Graduate Nurses' Association is a child of the American Nurses' Association) could have a membership not eligible in the parent association. Therefore, if the Graduate Nurses' Association of Connecticut were to retain their lay members, the American Nurses' Association must drop Connecticut from its membership—an unthinkable proposition. The alternatives were a separation division of the Connecticut Graduate Nurses' Association into its three original component parts which for many reasons seemed unwise to do, or—the only other way out of the situation—the Board Members' Division might withdraw.

On the request of three member associations, a special meeting of the Board Members' Division was called on January 20, 1930, in New Haven, in order to separate the Division from the Public Health Nursing Section of the Graduate Nurses' Association. The chairman, in her explanation, said it was not lack of friendship, interest, or coöperation, but was done to relieve the professional nurses from an awkward situation. The resolution to dissolve was as follows:

"Because of a provision concerning lay members in the Constitution of the Graduate Nurses' Association of Connecticut, technically unsatisfactory to the American Nurses' Association, it seems desirable for the Board Members' Division to withdraw from the Public Health Nursing Section of the Graduate Nurses' Association of Connecticut, therefore: Be it resolved that the Board Members' Division so withdraw and dissolve."

This was voted, and after nearly eleven years of existence the Board Members' Division ceased to function.

After a few minutes, a new meeting was called and a committee appointed to draft a constitution and a Nominating Committee was also appointed.

At the adjourned meeting, held in Bridgeport, February 6, 1930 (as usual at the same time and place as the meetings of the three nursing associations) the new organization was formed, a constitution adopted, officers elected, and committees appointed. The lay members are now nominally an independent group called The Board Members' Organization of Connecticut Public Health Nursing Associations. On the Executive Board appear not only the officers and chairmen of committees but also, *ex officio*, two nurses, the State Director of Public Health Nursing and the Chairman of the Public Health Nursing Section. Due to the courtesy of the Graduate Nurses' Association we will hold our meetings as formerly at the same time and place as theirs and have our program printed with theirs.

The Annual Meeting of the Federation of Visiting Nurse Associations of Northern New Jersey was held in conjunction with the New Jersey State Organization for Public Health Nursing in Elizabeth on April 12, 1930, with Mrs. Landreth King, President, in the chair.

A most interesting address was made at the Joint Sessions by Miss Katharine Tucker, R.N., General Director, N.O.P.H.N., on the "Relationship of the National Organization for Public Health Nurses to a Community Public Health Nursing Program." About seventy-five Board Members attended a round table luncheon where a discussion on pertinent questions concerning the different organizations was led by Mrs. Harriman N. Simmons, President, State Conference of Social Work. Miss Tucker was a guest at this luncheon and her good advice was constantly called for. This discussion created much interest and valuable suggestions were made.

Later, an interesting address was given by Dr. Bruce B. Robinson, psychiatrist, Director, Department of Child Guidance, Newark Board of Education.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

DESCRIPTIONS OF EXHIBITS AT COUNTY FAIRS IN TEXAS

(These exhibits were planned and carried out by county nurses.)

Editorial note: Suggestions for exhibits are always welcome to the editors to pass on to readers. There are five points for public health nurses to keep in mind in planning exhibits: (1) Try to secure help from lay volunteers. Do not assume the whole responsibility for your exhibit. (2) Make your plans at least a month ahead. (3) Keep your exhibit simple—one figure, strikingly placed and self-explanatory is more effective than a window full—all requiring labels. (4) Decide on one message—one impression—the most forceful, the most needed, the most dramatically effective of all the ideas you would like to convey to the public. (5) Use color, and when possible, motion.

These exhibits contrast right and wrong methods, and as the difference in each case is made very striking the lesson carries home. A word of caution should be given, however, against using a negative approach in publicity work. A glance at billboards and advertisements in magazines nearly always reveals constructive suggestions, leaving the destructive implications to the imagination.

HALE COUNTY HEALTH EXHIBIT

This exhibit consisted of a "Health House" and an "Unhealth House" against a background of posters. Both houses were made of corrugated boxes about two feet tall and three feet wide. Windows and doors were cut in each house.

The outside walls of the "Health House" were plastered with oatmeal (put on with glue), making it look like stucco; the roof was of cardboard with graham crackers glued on. Milk bottles, painted white, were inserted in holes cut in the roof, forming a chimney at each end of the house. The windows were of whole-wheat bread and several bunches of grapes hung in the door. The walls inside were lined with lettuce leaves, which were put in only for the benefit of the children making the house, as they could not be seen from the outside. The lawn was decorated with grass, spinach, celery, apples and oranges. A Health Fairy stood by the "Health House."

Nine pounds of "wienies" were used on the walls of the "Unhealth House." These were sewed on with large needle and heavy black thread, making the house sag and look more disreputable than the upright "Health House." The roof was of peanut butter candy and two bottles of "soda pop" made the chimneys. Biscuit and hot cakes made the door and the windows, which had neither glass nor screens. The inside walls, which could be seen were lined with doughnuts. An irregular walk of candy jelly beans led to the door. The yard had neither grass nor flowers. Near the front door a pan of chili was presided over by an old witch.

The cost of the material used was \$4.60.

GONZALES COUNTY HEALTH EXHIBIT

This was a very attractive exhibit. The county public health nurse wanted to drive home an idea that would be applicable to the people's own particular conditions and, at the same time, represent some of the activities of the public health nursing program. Seeing clearly their greatest need, she decided to depict a "Progressive Community" beside a "Non-Progressive Community," producing a natural picture of the radical differences between the two, which could be seen at a glance by the onlooker.

With the help of some local people miniature models of such objects as houses, barns, wells, school buildings, etc., were made, thus greatly reducing the actual cost. Dolls and other toys were bought at a very small price.

As one stood in front of the exhibit one would see, at about the height of the average table, on the left, a little dilapidated country home, having part of its foundation crumbling from under it, its window panes broken in many places, its window screens sagging and its

steps partially broken down. No shrubbery or flowers adorn the front yard; instead, stock have access to it, for a little pig and billy goat are seen near the front door. Nothing about the house looks well-kept or sanitary. Near the steps, one would see four little dolls, worn looking and very poorly dressed, representing the father, mother and two children.

Back of the "run-down" home stands a little school house that is improperly built. It truly looks as if it belonged to a non-progressive community, for there are only a few windows, and the source of water supply is a well (with rope and bucket).



On the right is a properly built, modern, country home, having a pretty front lawn made more attractive by its shrubbery and flowers. In its back yard is a modern barn, chicken house, silo, windmill and water tank; each is properly built and properly located in relation to the house. Near the front part of the house are four dolls, representing the "happy family." To give the appearance of life, the windmill runs, as it is built so that it can be attached to an electric fan.

Directly in front, a little to the left of the "Progressive Home," stands the model school house with its windows all the way across the front. Sanitary drinking fountains are in the front yard; by the side of the building is a little basketball court. Here and there in the yard are the children (dolls). A larger doll, representing the teacher, stands near the door in company with another doll who is dressed as a public health nurse—in a blue and white uniform. Evidently the two are conferring about the welfare of the children, who look so well and happy. The nurse's car is parked near the school house.

It is hoped that the people who saw this exhibit were impressed with the idea that healthy individuals, sanitary homes and good schools that are properly equipped make a progressive community.

LIBERTY COUNTY HEALTH EXHIBIT

The Liberty County Nursing Service put on an interesting exhibit depicting the difference between the old and the new methods of demonstrating infant care.

The old way: A doll, dressed as an old fashioned practical nurse or midwife—with a long calico dress and colored apron, had a snuff box in her pocket and a wooden snuff brush in her mouth. A baby doll, dressed in old fashioned, long clothes, had beside it a piece of cardboard, to which were attached a sugar teat, a bottle of soothing syrup, a piece of asafetida, a pacifier and bottles of Castoria and catnip.

The new way: A doll dressed as a public health nurse and a baby doll, dressed in the latest approved style of clothes, were used. Near the doll was placed a tray with all of the baby's needs for dressing, bathing, etc., and a little "Toidy Junior."

When the interested mothers passed by the exhibit, the nurse handed them pamphlets on prenatal and infant care.

RUNNELS COUNTY HEALTH EXHIBIT

The outer part of this booth, facing the observers, was oblong in shape and had a large arch in its center. Strings of green shredded paper, stage grass, covered the wall surround-



ing the edge of the arch. The ceiling and sides of the arch were covered with three broad strips of colored paper; along the edge of each strip ran a row of paper leaves. This lining made the arch appear to be in three parts. Tacked on the sides of the arch, near the front, were two posters—"The Six Best Doctors" and a blue one called "Boys and Girls." Posters were also placed below the main feature of the exhibits.

Fastened on the wall in the background was a placard showing one word: "Healthland." Below could be seen a very colorful picture of the sun and snow covered mountains.

A little lower than the placard, on a table surface, a miniature village was set up. A road wound through the village until it terminated at the fair castle of Good Health, passing various places, represented by body building edibles and other objects. This depicted the process of body building as results from eating proper foods and practicing health habits. Two dolls start the trip and continue through all of its different stages until they reach the desirable castle at the end of the road. Girls stood in the booth to explain the dolls' journey.

—Katharine Hagquist, State Supervisor of Nurses, Texas.

SPARTANBURG, SOUTH CAROLINA, COUNTY FAIR EXHIBIT

The Health Booth at the Spartanburg County Fair was the inspiration of the Health Department—all members contributing their ideas and talents towards making the exhibit of educational value.



The completed exhibit showed :

(a) A relief map of Spartanburg County made on large sand table. The miniature county was complete with its rivers, mountains, railroads, telegraph wires, paved roads, churches, schools and small villages.

(b) Miniature models of dental and school examinations, tuberculosis clinic, diphtheria

and typhoid clinics, midwife classes, motion picture display, and other activities were arranged along the sand table. From each exhibit a ribbon led to the statistical poster on the wall.

(c) The posters were arranged to show the three types of health work with the Spartanburg County Hospital as center of the County Health Unit. Under each main group a second poster showed further subdivision of the work, and the third group of posters carried the statistical accomplishments made during the year. All posters were linked up by tape ribbons. Color was given to the exhibit by using blue posters and blue ribbons for nursing service, yellow posters and ribbons for sanitation, and white posters and black ribbons for central group.

Approximately 25,000 people visited the booth during the week.

—R. Bruce Hellams, *Supervising Nurse*



HAVE YOU EVER TRIED THIS?

Boston has some school gardens, largely of flowers and connected with the nature study work as an integral part of the educational curriculum of the schools. This custom is quite common in England. New York has its Avenue A gardens. Some of the middle western states—Iowa, Illinois, Dakota, Kansas, Nebraska, Missouri and Minnesota—have nutrition workers on their State University extension staff, these workers having interest in fostering home vegetable gardens. A high school at Hatboro, Pennsylvania, has active practical vegetable gardening for boys on grounds of their own homes, in connection with the agricultural work in the vocational course. Last year home gardens were developed in Pawlet, S. C., in connection with a campaign against pellagra.*

Are school nurses of small towns and rural areas or community nurses interested in and alert to the possibilities in the educational and nutritional aspect of school gardens for raising vegetables to be used in the health and nutrition work? It is unfortunately the exceptional school that does not have some undernourished, improperly fed children.

How often have nurses found the hopelessness of asking mothers to give their children one green vegetable a day when these were unobtainable in remote communities through winter months, or else entirely beyond the family pocket-book! Could not these same children be given a small garden plot at school or at home and taught to raise and eat spinach, late carrots, beets and turnips, celery and winter squash? It is not difficult to store such vegetables for winter use. Dig a trench two feet deep. Put over the bottom six to eight inches of straw. On this place the vegetables to be stored, and cover with eight to ten inches of straw and fill up with soil. Why not try using these stored vegetables for hot school lunches? Older boys in connection with manual training classes will be interested in making a few cold frames, and it can be done with very little expense and effort.

If school nurses do not have much time for this, many teachers could be interested in it and help the children with the gardens between a nurse's visits. Many a teacher of elementary science work would be ready to give a demonstration of soil capillarity, transpiration of plants, germination of seeds under conditions of moisture and warmth, etc.

Why not try it?

Edith G. Chambers, School of Horticulture, Ambler, Pennsylvania

* See *THE PUBLIC HEALTH NURSE*, January, 1930.

REVIEWS AND BOOK NOTES

Edited by A. M. CARR

DERMATOLOGY AND SYPHILOLOGY FOR NURSES

By John H. Stokes, M.D.
W. B. Saunders Co., \$2.50.

From a background of rich experience Dr. Stokes has given to all nurses a treasure house of information. His appreciation of the nurse's possible contribution in the field of dermatology and syphilology, whether in the home, hospital, office, clinic, or district, is evidenced throughout by the painstaking care with which each point is elucidated.

The book is divided into four main parts. The arrangement of summaries of techniques, general principles, dietary instructions, complications and information for patients in boxed tabulations under each heading facilitates easy reference, and cross reference. Illustrations are used generously. A bibliography and list of agencies is appended.

In Part I Diseases of the Skin are discussed, beginning with an outline of examination procedure and physiology.

Part II presents methods of Dermatological Treatment. The use of applications, surgical treatment, baths, dressings, diet and constitutional measures, and actinotherapy are described in detail. The special nursing care in the severe dermatoses is a valuable contribution. The skin conditions in pregnancy, infancy and childhood are dealt with in a practical way.

Part III is an exposition of Gonorrhea and Syphilis. The stigma of the term venereal is attacked and we read "It is the positive duty of the enlightened individual physician or nurse to look upon syphilis and gonorrhea, not as a just reward of wicked living . . . but as a disease pure and simple, which it is their object to do away with by sanitary and medical means as rapidly

as possible," and further is the challenge that "as sanitarians, relying on education and treatment, physicians and nurses undoubtedly have it in their power to rid the earth of these diseases."

The history, cause, prevalence and course of gonorrhea in the male and the female are treated briefly. Gonorrhreal ophthalmia and gonorrhreal vulvovaginitis are approached from the public health point of view.

Syphilis "a common constitutional disease" is considered in detail under history, cause, course, infectiousness and late manifestations—cardiovascular disease and neurosyphilis.

The careful explanation of the technique and meaning of the diagnostic tests—dark field, blood, and spinal—will be welcomed. "The diagnosis of syphilis in the child should begin with diagnosis of the disease in the mother." Wassermann tests on all pregnant women "regardless of history, antecedents or results of physical examination" are urged.

There is a detailed presentation of the drugs used and the methods employed in treating the various manifestations of the disease. The tabulations and diagrams in this section will be especially helpful to nurses in clinic service. Syphilis in marriage, family and child deals with social implications of serious import in the appreciation of the question as a whole.

Part IV. Principles of Social Hygiene. "No presentation of the venereal disease problem does justice to the intelligence and influence of the nurse as a professional woman, and to her place in the formation of public opinion, which paints in a foreground of disease and leaves her unfitted for comprehension of the background in the social order and the yeoman's work

she may do in influencing it for progress. . . ."

From this approach are discussed the nurse's opportunities and responsibilities to interpret the meaning and place of sex in human life, and her preparation for the task. The economic aspects of syphilis and gonorrhoea are mentioned. Commercial exploitation of sex and trends toward laxity are touched upon. Social hygiene movements in a number of European countries are outlined in principle and compared with the American plan. Efficiency in clinic service is stressed. In the last chapter a high note of idealism is struck, as the place of sex in the harmonies of life is presented.

This challenge to rise to the full measure of our opportunity must surely spur us on the more, coming, as it does, from one who has given us such timely help and inspiration.

EDNA L. MOORE

We quote the following, written by Miss Nutting, from the Catalogue of the Adelaide Nutting Historical Nursing Collection of Teachers College, Columbia University—a brochure of much distinction:

The writings of Florence Nightingale form the center, the heart, as it were, of any collection of material on the history of nursing, because they mark a breaking away from old ideas and forms, and the creation of a new order, based upon new principles and pervaded by a new philosophy. Two distinct eras in nursing are presented in them; that which existed before Florence Nightingale, and that which followed her great reforms.

Her writings are therefore of the very first importance for students of nursing history, and because of the many social institutions and movements whose life and growth have been continuously interwoven with nursing they are also of importance to all students of social progress. . . .

Notwithstanding her outstanding talent as a writer, recognized even in her own time by literary critics, she had a profound distrust of writing, and believed that feelings should not waste themselves in words, but should be distilled into action. She used her pen only to bring things to pass, and in all her writings one can feel the powerful drive and thrust of this will to action. With this vigor and directness there is also a marked originality and freshness in presentation, a

clarity and precision of thought, a play of imagination and humor which make her pages a delight to the reader. All her writings are amply fortified by experience and study. She never wrote anything for which she did not have the facts and figures, and her quotations and references indicate a very wide acquaintance not only with the authorities of her own day, but with the classical writers of the past.

"Notes on Nursing," published first in 1859, was an epoch-making book. It went into many editions, was translated into several languages, and still stands alone, a classic in its revelation of the saving power of nursing.

Of equal importance is her "Notes on Hospitals." On this subject she was the recognized authority for many years, consulted by people of both continents in relation to the construction, sanitation, and administration of hospitals. It is not too much to say that her writings revolutionized the thought of the world on these subjects.

The Latvian Red Cross Nurses Association is now publishing an official journal, *Zēlsirdīgā Māsa* ("The Nurse"). The February number—very attractive in its blue and white cover, with the gold Red Cross seal—contains articles of wide interest, a number of which were contributed by graduates of the International Course.

The Professional Nurses Council of Poland publishes its own journal, *Pielegniarka Polska* ("The Polish Nurse"). It is interesting to note that the journal has been given a subsidy from the Ministry of Labour and Social Protection. The January number contains the report of the Annual Meeting of the Council held in Cracow. The presence of the dean and other members of the University, government officials and members of the medical profession showed the increasing interest in the work of the council.

According to records of the International Council of Nurses this brings the number of national nursing magazines to 56, published in seventeen languages.

The National Urban League has published a pamphlet, "Twenty Years After" by Eugene K. Jones, a partial record of the accomplishments of the

League since a small group of white and colored men and women met twenty years ago in New York to discuss the needs of the colored population. There are now affiliated leagues all over the country "each adhering to the original round table plan of discussion and coöperative endeavor between leaders of the two racial groups." We suggest that all who are interested in the remarkable social progress of the Negro race will find this an extraordinarily interesting document.

The Commission on Interracial Cooperation through its Stabilization Fund has recently published in pamphlet form *A Sane Approach to the Race Problem*. The reasons for the formation of the Commission—in 1919—are given. It is made up of two groups, white and colored, interested, in the beginning, in establishing across the South hundreds of interracial committees engaged in the task of establishing "relation of the races on the basis of friendly helpfulness."

The results achieved by these committees have been notable. Among many accomplishments assistance has been rendered in securing hundreds of new schools with improved standards for Negroes, health campaigns have been promoted in every state, hospitals established, clinics conducted, and public health nurses employed. Parks, playgrounds, and swimming pools have been provided for Negro communities and better transportation facilities have been secured. Negro welfare agencies have been included in numerous community chests.

One of the state committees offered to the state board of health for a year the services of a trained colored nurse, as a demonstration of need. The state board took over her support at the end of the year, and has since added a second colored nurse to the staff.

The official address of the Commission is 150 Nassau Street, New York City.

Abstracts and Notes in Child Study and Parent Education, published in

mimeographed form by the Child Study Association of America, 54 W. 74th Street, New York, provides help in keeping up current knowledge in child study.

A Guide to the Literature of Rural Life has recently been published by the Department of Research and Education of the Federal Council of the Churches of Christ in America. A valuable thing, we think, to keep on hand. Also we remind our readers of the excellent *Handbook of Rural Social Resources* also published by the Federal Council, bound in paper, at the moderate price of \$1.00. Probably available at local libraries. Address 105 E. 22nd St., New York City.

The Dairymen's League Cooperative Association, Inc., 11 West 42nd Street, New York City, has available a new film, *Victory*, emphasizing the importance of milk as a food. The President of the National Academy of Visual Education says:

This film has great educational value because it has the power to stimulate the imagination of children, arouse curiosity, and make them want to do things for themselves. Not only has the film a health slant, but it can be used in the teaching of a number of subjects such as geography, biology, physical education and domestic science.

Rental \$20.00 a week or \$5.00 a day. This does not include transportation charges. The association publishes a pamphlet of its Health Education Service, free on request.

The United States Department of Agriculture has recently issued a useful Bibliography on the *Relation of Clothing to Health*, Miscellaneous Publication No. 62. Everything noted, from the Science of Dress in Theory and Practice to Foot Hygiene and Baby's Bib and Tucker.

The Michigan Department of Health through its Bureau of Child Hygiene and Public Health Nursing has prepared *The Michigan Mothers Manual* for general distribution, together with special leaflets and a handy card of advice on "Suggested Diets for Expectant and Nursing Mothers."

The Malden Health Series, published by D. C. Heath and Company, comes to an end with the publication of "Physiology and Health" by Professor C. E. Turner. Intended for use in the late junior or early in the senior high school.

The Bureau of Dental Health Education, American Dental Association, 58 E. Washington St., Chicago, Ill., has ready for distribution two new rocograph, nine color, posters, 20 x 30 inches. One is adapted for appeal to parents, the other for the attention of children. The latter can be used in the school room, school dental clinics, etc. Cost of either poster, \$1.50.

Revised Syllabus in Narcotic Education is a free publication issued by the Department of Research of the International Narcotic Education Association, Inc. This syllabus presents the content of a general course in narcotic education, suitable for teachers and group leaders, and includes specific plans of study, with suggested scales of attainment for different grades in the public schools. (The last is based in part on *Health Behavior* by Dr. Thomas Wood and therefore fits well into any health education program being carried on by school nurses.) As in safety education the effort is to correlate instruction on the dangers of narcotic drugs with the regular curriculum and not attempt to emphasize it or arouse undue interest in the effect of drugs by teaching it as a separate unit. We quote the following very pertinent paragraph:

During school days and during the impressionable and somewhat sheltered period children must be helped to know what is necessary to shield them later from contact with narcotic drug intoxication; more important still, they must be helped to establish non-breakable habits of safety and attitudes of safety. Later when these children, with their little equipment for self-protection, are bucking the world in an effort to get established socially and economically, three things

can help them come to a fairly safe maturity—knowledge that bound up in the use of narcotic drugs are certain inevitable and terrible results; wholesome fear based on such definite knowledge; a thoroughly grounded set of habits and attitudes calculated to steer them away from contact with this peril.

The above pamphlet may be had for the asking from the Association, 578 Madison Avenue, New York City.

The seventh edition of *The Newer Knowledge of Nutrition* by E. V. McCollum and Nina Simmonds has just been published by the Macmillan Company, bringing this valuable volume up to date with the progress of research since the first edition in 1925. Price \$5.00.

We remind our readers that The Burke Foundation, White Plains, N. Y., will send a list of its publications, covering convalescence, occupational therapy, and care for chronic patients, on request. Also one copy of any publication desired, free.

Libraries—Too often libraries are but the graveyard of forgotten books.

But there is a spirit world of books, and the ideas they contain wander forth to haunt and torment those whose grasp they can elude, to solace or stimulate those who have learned the secret of their capture. For those fortunate ones, it becomes possible: "To be present as it were in every age—to extend and stretch life backward from the womb." From the spirit that hovers over some obscure volume, of parentage and birthplace unknown, times forgotten may be reconstructed, the sequence of discovery unraveled, the tendencies of thought traced, the relation of yesterday and tomorrow better understood.

This, then, is the true function of the library, to quicken the dormant book so that it may speak again; and with those who treat it lovingly and compassionately its spirit enters eagerly into communion. To these a library becomes a laboratory for the crystallization of ideas perhaps long expressed, out of which process new ideas have their birth.

Address by Dr. Harvey Cushing at the dedication of the William H. Welch Medical Library, Johns Hopkins University.

NEWS NOTES

Complete programs of the meetings of the National Conference of Social Work to be held in Boston, June 6-14, may be secured from Roy M. Cushman, 43 Tremont St., Boston. We cite only a few of special interest to nurses:

DIVISION III. HEALTH

MONDAY, JUNE 9

The Basis and Significance of Health Education in Clinics.
Preparation and use of posters, exhibits, literature, etc.

TUESDAY, JUNE 10

Social Case Work and the Prevention and Treatment of Syphilis and Gonorrhea.
Relationship between Hospital Social Service and Public Health Nursing.

WEDNESDAY, JUNE 11

Care of Chronic Diseases.

FRIDAY, JUNE 13

Appraisal of Health Work.

DIVISION VII. MENTAL HYGIENE

FRIDAY, JUNE 13

Mental Hygiene for Nurses.
What is an Adequate Mental Hygiene Program for a Small City?

DIVISION VI. NEIGHBORHOOD AND COMMUNITY LIFE

Leadership in Rural Communities.

The Canadian Nurses' Association invites its neighbors to the south to attend its convention to be held June 24-28 in Regina, Saskatchewan. Here is an excellent idea for a trip to follow the Biennial Convention in Milwaukee June 9-14.

It is also an opportunity to become better acquainted with our nearest national nurse neighbors. Nurses in Canada and the United States always have been friendly, drawn close not only because they are neighbors, but because their history had been interwoven. When organized nursing came into being in the United States, the Canadian nurses were participants and, as every nurse knows, what is now the American Nurses' Association was organized in 1896 as the National Asso-

ciated Alumnae of the United States and Canada. Although upon incorporation in 1901, the Canadian affiliation was discontinued because of the New York State law prohibiting the admission of citizens of another country into membership in an organization, cordial relations always have existed between the nurse groups of Canada and the United States.

This summer's meetings should provide an opportunity for furthering friendliness, an opportunity begun for many nurses last year when our Canadian sisters were hostesses to the International Council of Nurses.

Preparations are under way for the Fourth Biennial Convention of the Filipino Nurses' Association which will be held in Manila in 1930. It is expected that the delegates to the Congress of the International Council of Nurses, into which the Filipino Nurses' Association was received as a full member last summer, will be present to present their official reports.

At the request of the Pennsylvania State Council for the Blind, Miss Mildred G. Smith, R.N., director nursing activities, presented a series of demonstrations on the testing of vision of preschool children in Philadelphia for a period of two weeks. In addition, she participated at the round-table conference of the Pennsylvania Conference of Social Work in Erie, Pennsylvania, and presented a demonstration of the testing of vision of preschool children before various health and education groups in Erie.

Miss Smith also presented the preschool vision testing demonstration in Mineola and Hempstead, New York, before Health Teaching Supervisors of Nassau County at the request of the Committee on Tuberculosis and Public Health.

A special group of nurses engaged in tuberculosis nursing in Canada have formed themselves into the Canadian Tuberculosis Nurses' Committee. The aims of the Committee are:

To keep nurses doing tuberculosis work informed on the progress made in knowledge and methods against tuberculosis.

To keep all nurses in the tuberculosis group in touch with each other.

To educate the profession and the body politic with regard to tuberculosis.

To study and promote the progress of affiliation between the sanatoria and training schools for nurses.

To advocate that all nurses should have experience with, and special instruction in tuberculosis, before graduation.

The Indiana State Board of Examination and Registration of Nurses will hold the semi-annual examination in the State House, Indianapolis, on May 7 and 8, 1930.

The Nurses' Association of China held its Biennial Conference in Shanghai February 1 to 8, 1930, at the same time as the National Medical Association was holding its Biennial Conference. This concurrent meeting was at the request of the National Medical Association, which wanted to discuss with the N.A.C. certain important problems for China. Two joint meetings were held, one on nursing education, and one on midwifery.

The appointment was announced of Mary Shih—whom many of us pleasantly remember at the Montreal Congress—General Secretary of the N.A.C., as Director of Nursing Service, under the Nanking Government. She will have charge of the registration of nurses in China, and will begin with the midwifery nurses. The N.A.C. has been conducting examinations, and registering nurses for fifteen years, in preparation for just this taking over of registration by the Government as soon as it was able to do so. The founders of the N.A.C. are therefore seeing their dreams come true, and well prepared Chinese nurses are advising the Government on nursing standards for registration.

Miss Sophie C. Nelson spoke to the New England Industrial Nurses group in Boston on March 8th. About thirty-five nurses were present. She outlined the industrial nursing project of the N.O.P.H.N. and told of the plans for the Biennial Convention.

The services of a public health nurse for a half day a week are being offered to a selected group of private physicians by the Bellevue Yorkville Health Demonstration, New York City. The nurse will assist the doctors who wish to put more emphasis on their preventive work, health examinations, health supervision, immunization and the like. Her services will be free during the experimental period, after which the doctor will be expected to meet the cost.

An Institute for public health nurse supervisors was held in Los Angeles, February 17-19, and in San Francisco, February 22-22.

Miss Elnora Thomson, Professor of Applied Sociology at the University of Oregon, conducted both Institutes. In Los Angeles the enrollment totaled 50, with many nurses from Los Angeles County, several from San Diego, some from Orange County, one from Ontario, and the nurses employed by the State Board of Health who were located in the southern section of the State attended.

Miss Bagley, President of the California State Organization for Public Health Nursing, opened the Institute, and Unit No. 5 gave a dinner in honor of Miss Thomson and Miss Bagley, which about 120 public health nurses attended.

The San Francisco Institute was also opened by the State President, Miss Bagley. The members of the Institute met for luncheons and general social interests. There were 29 nurses enrolled from San Francisco, Oakland, Berkeley, San José, Stockton, Sacramento, and Martinez.

The subject matter of both Institutes covered the supervisor, the supervised and methods of evaluation of

service. No two supervisors have identically the same problems to solve, but the same underlying principle may exist so that one discussion might be adapted to several problems. Some of those present had many years of experience to their credit, while others had just entered the supervisory field; but all evidenced a striving toward the same goal and there was an inspiration pervading each assembly which will be far-reaching in its effects.

Mrs. Abbie Hunt Bryce, one of Indiana's pioneer nurses, died March 28, 1930. Mrs. Bryce was eighty years old and had been an invalid for nine years. She was influential in starting the Indianapolis Public Health Nursing Association, and two funds, the Abbie Hunt Bryce Scholarship Fund, and the Mother Bryce Loan Fund, have been established in her name by the Indianapolis association, and the City Hospital Alumnae, respectively.

The Michigan Board of Registration of Nurses will hold an examination for graduate nurses in Lansing May 22 and 23, 1930. An examination for trained attendants will be held on the same dates.

HOTEL ACCOMMODATIONS—BIENNIAL CONVENTION

Because of late inquiries received we reprint the following information: The Schroeder Hotel will be used by the boards and committees of the three organizations and speakers will stay at the New Pfister Hotel. Here are the warnings issued by Stella Ackley, R.N., Chairman of the Housing Committee:

No blanket reservations will be accepted by any Milwaukee hotel. All reservations must be accompanied by the names and addresses of the individuals who expect to occupy the rooms, and must state the date of their arrival in Milwaukee.

Confirmation of reservations will be made by the hotel direct to the individuals who will occupy the rooms. When any hotel ceases to accept further reservations, the requests will be turned over to the Milwaukee Housing

Committee for assignment. Accommodations as nearly like those specified as possible will be provided by the committee.

Hotels—

Abbot Crest, Adelin, Ambassador, Antlers, Astor, Belmont, Blatz, Brown, Carlton, Colonial, Delaware, Edison, Gilpatrick, Globe, Juneau, LaSalle, Martin, Maryland, McCoy, Medford, Metropole, Miller, New Pfister, New Randolph, Plankinton, Plaza, Republican, Royal, Schroeder, Schuster's, Shorecrest, Wayland, Wisconsin.

The Joint Vocational Service sends the following information regarding appointments:

Ruth Bunker as Child Hygiene Nurse with the New York State Department of Health, Albany, N. Y.

Anna Albert and Roberta Turnbaugh have joined the staff of the Bellevue Yorkville Health Demonstration, New York City.

K. Frances Cleave as Nursing Consultant for the Department of Welfare, Commonwealth of Pennsylvania, with headquarters at Harrisburg.

Helen Flanagan as industrial nurse with the Union Carbide Company, New York City.

Ruth Cushman, as temporary assistant at headquarters, American Nurses Association.

Grace Crager, as nurse in summer camps of Westchester County Recreation Commission, White Plains, N. Y.

Mildred Tuttle, as part-time Director of Health, Demonstration School of Peabody College, Nashville, Tenn.

Georgia Parker, as school nurse, Easthampton, L. I., in connection with Suffolk County Health Unit.

Marie Orr, as Supervising Nurse, Consolidated Coal Company, Jenkins, Ky.

Ella Lamb, as industrial nurse, H. L. Doherty Company, New York City.

Winifred Erskine and Mary I. McCarthy, as District Supervising Nurses, New York State Department of Health.

Mrs. Helen Manzer, as Executive Officer, July 1, Committee on Health of the New York Principals' Association, New York City.

Gertrude Gruel, as Executive Secretary-Nurse, Norfolk County Health Association, Mass.

Mrs. Mildred Hecker, as Executive Secretary-Nurse, Blair County Tuberculosis Association, Altoona, Pa.

Edith Klevan, as county tuberculosis nurse, Morris County, N. J.

Alma Wretling as Director of the Child Welfare Division and Special Agent of the Children's Bureau, Montana State Board of Health.

The following staff appointments have been made:

Virginia Champion, V.N.A., Elizabeth, N. J.

Muriel Lee, V.N.A., Plainfield, N. J.

Anne Miskela, V.N.A., Orange, N. J.

Dorothy Jones and Margaret Griffith, Henry Street V.N.S., New York City.

Frances Jungermann Campbell, A.I.C.P., New York City.

Myra Loan and Muriel Holland, V.N.A., Bernardsville, N. J.

Delia Hughes, Visiting Nurse Association, Orange, N. J.

Sallie Shumate, Public Health Nursing Association, Tulsa, Okla.

Ruth Walker, Visiting Nurse Association, New Brunswick, N. J.

Marian McNair, East Harlem Nursing and Health Service, New York City.

Anne Shrigley, Visiting Nurse Association, Brooklyn, N. Y.

Correction—We regret that in the announcement in our April number of the Maternity Institutes, the statement was made that the Institute in Oregon was conducted under the auspices of the University of Oregon. The Institute was sponsored by the Oregon Organization for Public Health

Nursing as part of the program planned for the annual meeting.

The Southern States Regional Conference and Social Hygiene Institute will be held in New Orleans, May 23-27, under the auspices of the Louisiana State Board of Health and the New Orleans Council of Social Agencies, with officers, physicians, public health nurses, educators, social workers, and others interested in social hygiene in attendance.

On May 23rd and May 24th round table discussions of technical social hygiene problems have been arranged, one for doctors, nurses and social workers; such problems as the treatment of syphilis in pregnancy, the management and control of clinics and social case work will be considered. A meeting has been especially arranged to bring together Negro leaders.

The Regional Conference, May 26-27, will include addresses by national social hygiene authorities. Miss Edna Moore will speak on "The Part of the Nurse in Social Hygiene."

What are your problems? What are your questions? Have you any pet subjects you would like discussed at the Biennial Convention? This is a last call from the Program Committee. Suggestions should be sent at once to Miss Miriam Ames, National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

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